

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

PRINTED: 05/18/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155637	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 04/12/2022
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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP COD 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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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 Date: 04/12/2022</p> <p>Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000</p> <p>At this Emergency Preparedness survey, Crown Point Christian Village was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility is certified for 145 beds, and is set up for 144. Eighty-seven beds are dually certified for Medicare and Medicaid. Twenty-six are certified for Medicare only. At the time of the survey, the census was 82.</p> <p>Quality Review completed on 04/14/22</p>	E 0000		
K 0000 Bldg. 01	<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 Date: 04/12/2022</p> <p>Facility Number: 001198 Provider Number: 155637 AIM Number: 100471000</p>	K 0000		

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 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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	<p>At this Life Safety Code survey, Crown Point Christian Village 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>This facility was located on the west side of the first floor and the entire lower level of a two story building. The facility was determined to be of Type II (111) construction and was fully sprinklered. The Healthcare Occupancy includes the atrium area of the second floor as it not separated by a two-hour barrier. No residents use the second floor. The facility has a fire alarm system with hard wired smoke detection in the corridors, in spaces open to the corridors and hard wired single-station detectors in resident rooms. The building is protected by a 150 kW diesel-powered generator which provides emergency power. The facility is certified for 145 beds, and is set up for 144. Eighty-seven beds are dually certified for Medicare and Medicaid. Twenty-six are certified for Medicare only. At the time of the survey, the census was 82.</p> <p>All areas where the residents have customary access were sprinklered. The detached waste water treatment plant, fire system pump house and equipment storage garages were unsprinklered.</p> <p>Due to the COVID-19 PHE, 1135 waivers for ITM were available at the time of the survey. 1135 waivers allow for regulatory flexibilities during the Public Health Emergency for routine inspection, testing and maintenance requirements beginning January 31, 2020. The flexibilities did not extend to</p>			

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K 0353 SS=F Bldg. 01	<p>the following items: fire pump weekly/monthly testing, fire extinguisher monthly inspections, fire fighter operation monthly testing for elevators, monthly testing of generators, and daily inspection of the means of egress in areas of construction, repair, alterations or additions.</p> <p>The survey process was modified during this COVID-19 PHE as allowed by QSO Memo 20-31-All. The process revisions excluded the Independence Hall and portions of the barriers.</p> <p>Quality Review completed on 04/14/22</p> <p>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 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 1. Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA</p>	K 0353	<p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to</p>	05/25/2022

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	<p>25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of 'Annual Fire Hydrant Inspection' and Inspection documentation dated 05/28/2021 during record review from 11:15 a.m. to 2:23 p.m. on 04/12/22, the comments section stated 'One hydrant not working or draining'. The discrepancy report stated 'hydrant by pump house not working, very low pressure needs to be checked.' Based on interview at the time of record review, the Maintenance Supervisor stated the repair of the fire hydrant has not been completed and confirmed documentation of the repair or replacement of the aforementioned sprinkler system hydrant on or after 05/28/2021 was not available for review.</p> <p>2. Based on observation and interview, the facility failed to maintain the ceiling construction throughout the facility. NFPA 13, 2010 edition, Section 3.3.5.4 defines a smooth ceiling as a continuous ceiling free from significant irregularities, lumps, or indentations. The ceiling</p>		<p>be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance.</p> <p>K353 (Sprinkler System-Maintenance and Testing)</p> <p>Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice:</p> <p>Fire Hydrant was tested by Hill Fire Group. During inspection, the findings were fire hydrant is gravity feed directly from water storage tank. Fire department use only. Please see attached inspection report.</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken:</p> <p>All residents have potential to be affected.</p> <p>What measures will be put into place and what systemic</p>	

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	<p>traps hot air and gases around the sprinkler and cause the sprinkler to operate at a specified temperature. Section 8.5.4.1.1 states the distance between the sprinkler deflector and the ceiling above shall be selected based on the type of sprinkler and the type of construction. This deficient practice could affect at least 5 residents and staff near the mechanical room off the lobby.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor & Maintenance Assistant during a tour of the facility from 2:23 p.m. to 3:30 p.m. on 04/12/2022, one suspended ceiling tile was missing in a first floor mechanical room off the lobby. The missing tile left an opening in the ceiling tile grid which exposed the ceiling above. The room was equipped with a pendant sprinkler installed on the suspended ceiling. Based on interview at the time of the observation, the Maintenance Assistant agreed a suspended ceiling tile was missing in the mechanical room and would replace it as soon as possible.</p> <p>These findings were reviewed with the Executive Director, Maintenance Supervisor and Maintenance Assistance at the exit conference.</p> <p>3.1-19(b)</p>		<p>changes will be made to ensure that the deficient practice does not recur: Winfield Fire Department and Hill Fire Group will conduct yearly test to ensure fire hydrate is maintaining the gravity feed water supply How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place): Inspection reports will be reviewed after testing has been completed yearly By what date the systemic changes for the alleged deficiency will be completed: 5/25/2022</p> <p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as</p>		

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			<p>credible allegation of compliance.</p> <p>K353 (Sprinkler System-Maintenance and Testing/Mechanical Room Ceiling Tile)</p> <p>Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice:</p> <p>Ceiling tile in mechanical room was missing.</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken:</p> <p>All residents have potential to be affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Ceiling tile was replaced, and pictures attached.</p> <p>How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place):</p> <p>Weekly inspection will be completed to ensure tiles are not missing, chipped/broken, water stained, or showing gaps around sprinkler heads or other protrusions.</p>	

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K 0355 SS=D Bldg. 01	<p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the kitchen were installed in accordance with NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition. Section 6.1.3.4 states portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means. (1) Securely on a hanger intended for the extinguishers. (2) In the bracket supplied by the extinguisher manufacture. (3) In a listed bracket approved for such purpose. (3) In a cabinet or wall recess. This deficient practice was not in a resident care area but could affect staff in the boiler room.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant on 04/12/22 at 2:30 p.m. an ABC portable fire extinguisher located in the boiler room was sitting on a shelf. Based on interview at the time of observation, the Maintenance Supervisor stated the unsupported extinguisher belonged to a contractor performing work in the facility and agreed the extinguisher was sitting on a shell not mounted.</p>	K 0355	<p>By what date the systemic changes for the alleged deficiency will be completed: 4/20/2022</p> <p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance.</p> <p>K355 (Portable Fire Extinguishers) Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice:</p>	04/27/2022

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K 0511 SS=E Bldg. 01	<p>This finding was reviewed with the Executive Director, Maintenance Supervisor and Maintenance Assistant at 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</p>		<p>Portable fire extinguisher was removed from top of filing cabinet and stored in cabinet</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken: All residents have potential to be affected. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: All contractors will be required to secure all portable fire extinguishers. How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place): Inspections of contractor areas will be conducted on daily basis and reported back to Maintenance Director By what date the systemic changes for the alleged deficiency will be completed: 4/27/2022</p>	

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	<p>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>Based on observation and interview, the facility failed to ensure 2 of over 10 wet locations was provided with ground fault circuit interrupter (GFCI) protection against electric shock. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location.</p> <p>Informational Note: See 215.9 for ground-fault circuit interrupter protection for personnel on feeders.</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel.</p> <p>(1) Bathrooms (2) Kitchens (3) Rooftops (4) Outdoors</p> <p>Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable.</p> <p>Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle</p>	K 0511	<p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance.</p> <p>K511 (Utilities- Gas and Electric) Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice: GFCI protection (beauty shop). GFCI outlet was replaced and tested by maintenance. GFCI protection (therapy). GFCI was replaced and tested by maintenance. Both outlets broke electrical circuit when tested. Please see attached for pictures.</p>	04/27/2022

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	<p>outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection.</p> <p>(5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection.</p> <p>Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required.</p> <p>(6) Indoor wet locations</p> <p>(7) Locker rooms with associated showering facilities</p> <p>(8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect at least 5 residents and staff in Therapy and the Beauty Shop.</p> <p>Findings include:</p> <p>Based on observation on 04/12/22 during a tour of the facility from 2:23 p.m. to 3:30 p.m. with the Maintenance Supervisor and Maintenance Assistant, the middle electrical receptacle in the beauty shop within two feet of a sink that was not provided with GFCI protection. The receptacle</p>		<p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken: All residents have potential to be affected. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: Random GFCI protection testing will be conducted during weekly rounds How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place): During weekly rounding if deficiencies are located, GFCI outlets will be replaced By what date the systemic changes for the alleged deficiency will be completed: 4/27/2022</p>		

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K 0524 SS=E Bldg. 01	<p>was tested with a GFCI testing device and it did not break the electrical circuit when tested. Furthermore, a receptacle in Therapy next to a sink was not provided with GFCI protection. The receptacle was tested with a GFCI testing device and it did not break the electrical circuit when tested. Based on interview at the time of each observation, the Maintenance Supervisor agreed the aforementioned receptacles were not properly GFCI protected.</p> <p>These findings were reviewed with the Executive Director, Maintenance Supervisor and Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 HVAC - Direct-Vent Gas Fireplaces Direct-Vent Gas Fireplaces Direct-vent gas fireplaces, as defined in NFPA 54, inside of all smoke compartments containing patient sleeping areas comply with the requirements of 18.5.2.3(2), 19.5.2.3(2), 18.5.2.3(2), 19.5.2.3(2), NFPA 54</p> <p>Based on observation and interview; the facility failed to ensure 1 of 1 direct-vent fireplace located in a smoke compartment containing resident sleeping rooms was protected with a carbon monoxide detection. LSC 19.5.2.3 (2) (f) states electrically supervised carbon monoxide detection in accordance with Section 9.8 shall be provided in the room where the fireplace is located. This deficient practice could affect at least 25 residents that would use the level 1 lobby, dining room and bistro.</p> <p>Findings include:</p>	K 0524	<p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation,</p>	05/31/2022

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	<p>Based on observation during a tour of the facility with the Maintenance Supervisor and Maintenance Assistant on 04/12/22 between 2:23 p.m. and 3:30 p.m., in the level 1 lobby atrium and dining room area there was a direct-vent fireplace. The lobby / dining room was located within a smoke compartment containing resident sleeping rooms. The dining room and lobby area did have smoke detectors, but it was unknown if the detectors detected carbon monoxide. Based on interview at the time of observation, the Maintenance Supervisor stated there was no carbon monoxide detection for the fireplace.</p> <p>This finding was reviewed with the Executive Director, Maintenance Supervisor and Maintenance Assistant at the exit conference.</p> <p>3.1-19(b)</p>		<p>submission and implementation of this plan of correction will serve as credible allegation of compliance.</p> <p>K524 (HVAC- Direct-Vent Gas Fireplaces)</p> <p>Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice:</p> <p>Carbon monoxide detection device was placed in area of fire place. Please see attached picture.</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken:</p> <p>All residents have potential to be affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Carbon monoxide detections devices will be check on monthly walk through with maintenance</p> <p>How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place):</p> <p>During weekly rounding if</p>	

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NAME OF PROVIDER OR SUPPLIER CROWN POINT CHRISTIAN VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 6685 EAST 117TH AVENUE CROWN POINT, IN 46307
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K 0712 SS=F Bldg. 01	<p>NFPA 101 Fire Drills Fire Drills</p> <p>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct fire drills or documented orientation training on each shift for 1 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. QSO-20-31 1135 temporary waiver states in lieu of a physical fire drill, a documented orientation training program related to the current fire plan, which considers current facility conditions, is acceptable. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices</p>	K 0712	<p>deficiencies are located, carbon monoxide devices will be replaced</p> <p>By what date the systemic changes for the alleged deficiency will be completed: 5/31/2022</p> <p>It is the policy of Crown Point Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of</p>	04/27/2022

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	<p>in their assigned area. This deficient practice affects all staff and residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Supervisor on 04/12/22 between 11:15 a.m. and 2:23 p.m., the second shift of the third quarter of 2021 was missing documentation of a completed fire drill or documented orientation training. Based on interview at the time of record review, the Maintenance Supervisor agreed there was 1 missing fire drills and staff has not been trained in the fire safety procedures for 1 of 12 missing drills.</p> <p>This finding was reviewed with the Executive Director, Maintenance Supervisor and Maintenance Assistant at the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p>		<p>correction will serve as credible allegation of compliance.</p> <p>K712 (Fire Drill) Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice: Fire drills for the rest of the year have been scheduled once a quarter per each shift. Next scheduled fire drill is 4/22/22 9am. An E-mail to the fire department was sent on 4/04/22 to invite the Winfield Fire Department for the upcoming April and September drills. How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken: All residents have potential to be affected. What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur: A fire drill calendar was created with monthly fire drill dates out until December 2022.</p> <p>How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e.,</p>	

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K 0920 SS=D Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation and interview, the facility</p>	K 0920	<p>what quality assurance program will be put into place): Fire drill logs will be audited at QAPI monthly until 9/30/22.</p> <p>By what date the systemic changes for the alleged deficiency will be completed: 4/27/2022</p> <p>It is the policy of Crown Point</p>	04/27/2022

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	<p>failed to ensure 1 of 1 power strips were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA-70/2011, 400.8 state unless specifically permitted in 400.7 flexible cords and cables shall not be used for (1) as a substitute for fixed wiring. This deficient practice could affect 2 residents in room 108.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Supervisor and Maintenance Assistant on 04/12/22 during a tour of the facility from 2:23 p.m. to 3:30 p.m., a dorm size refrigerator (high power draw equipment) was plugged into and supplied power by a power strip in resident room 108. Based on interview at the time of observation, the Maintenance Supervisor agreed a power strip was supplying power to high power draw equipment and the Maintenance Assistant unplugged the refrigerator at the time of observation.</p> <p>The finding was reviewed with the Executive Director, Maintenance Supervisor and Maintenance Assistant during the exit conference.</p> <p>3.1-19(b)</p>		<p>Christian Village to follow all federal, state and local guidelines, laws and statutes. This plan of correction is not to be construed as an admission of deficient practice by the facility manager, employee, agents or other individuals. The response to the alleged insufficient practice cited in this statement does not constitute agreement with the insufficiency. The preparation, submission and implementation of this plan of correction will serve as credible allegation of compliance.</p> <p>K920 (Electrical Equipment-Power Cords and Extens)</p> <p>Corrective actions accomplished for those Residents found to have been affected by the alleged deficient practice:</p> <p>Upon further investigation, it has come to our attention that the refrigerator is not needed in resident's room.</p> <p>Refrigerator, power cords, and power strip have been removed. Please see attached for picture</p> <p>How other Residents having the potential to be affected by the same alleged deficient practice will be identified and what corrective action(s) taken:</p>	

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			<p>All residents have potential to be affected.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur:</p> <p>Weekly rounding inspections are already in place by staff members</p> <p>How will the corrective action(s) will be monitored to ensure the alleged deficiency practice will not recur (i.e., what quality assurance program will be put into place):</p> <p>During weekly rounding if deficiencies are located, staff will notify maintenance and work order will be generated for removal of electrical devices.</p> <p>By what date the systemic changes for the alleged deficiency will be completed:</p> <p>4/27/2022</p>	