

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155423	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/01/2024
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NAME OF PROVIDER OR SUPPLIER HAMMOND-WHITING CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1000 114TH ST WHITING, IN 46394
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K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00427505 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint Number IN00427505 - A Federal/State deficiency related to the allegation was cited at K354.</p> <p>Survey Date: 02/01/2024</p> <p>Facility Number: 000365 Provider Number: 155423 AIM Number: 100287460</p> <p>At this Life Safety Code survey, Hammond-Whiting Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 one story facility was 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, resident rooms and in common areas. The facility has a capacity of 80 and had a census of 67 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility has one detached building providing storage.</p> <p>Quality Review completed on 02/05/24</p>	K 0000	This plan of correction is prepared and executed because the provisions of state and federal law require it and not because Hammond-Whiting Care Center agrees with the allegations and citations listed. Hammond-Whiting Care Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents nor is it of such character to limit our capabilities to render adequate care. Please accept this plan of correction as our credible allegation of compliance that the alleged deficiencies have or will be correct by the date indicated to remain in compliance with state and federal regulations, the facility has taken or will take the actions set forth in this plan of correction. We respectfully request a desk review.	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Coralette Bowling	Executive Director	02/22/2024

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 0354 SS=F Bldg. 01	<p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) Based on record review and interview, the facility failed to conduct 1 of 1 fire watches in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.6 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. A.15.5.2 (4) (b) states a fire watch should consist of trained personnel who continuously patrol the affected area. Ready access to fire extinguishers and the ability to promptly notify the fire department are important items to consider. During the patrol of the area, the person should not only be looking for fire, but making sure that the other fire protection features of the building such as egress routes and alarm systems are available and functioning properly. This deficient practice could affect all occupants in the facility.</p>	K 0354	<p>K354 – Sprinkler System- Out of Service; What Corrective Action will be accomplished for those residents found to have been affected by this deficient practice: 1. No residents were affected How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken: 1/designee will review fire watch schedule to ensure there is one staff member assigned per shift. Staff assigned to the fire watch will be educated prior to conducting the fire watch that they will not have any other facility responsibilities while conducting the fire watch. What measures and what systemic changes will be made to ensure that the deficient practice doesn't</p>	03/09/2024
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	<p>Findings include:</p> <p>Based on records review with the Maintenance Director on 02/01/24, the facility had experienced a fire sprinkler outage that lasted from 10 a.m. on 01/17/24 to 12 a.m. on 01/18/24. Documentation presented titled "Fire Watch Procedure Hammond-Whiting Care Center" states "The individual shall not have other facility responsibilities. Individuals assigned to perform a fire watch shall be monitoring for signs of fire and/or smoke." Based on interview at the time of record review, the Maintenance Director stated that once he took over fire watch duties at approximately 6:00 p.m. on 01/17/24, he had designated nursing staff to conduct fire watch on their respected units. When the Maintenance Director was asked what other duties or responsibilities he had during the time of fire watch, he had stated that he had did his routine maintenance rounds such as inspecting the generator, checking all fire extinguishers to make sure their monthly inspections were done, and checking for hallway obstructions and exit doors. Furthermore, since the Maintenance Director was the one designating nursing/CNA staff to conduct fire watch, he was asked what other responsibilities/duties that staff had during the time of fire watch. He went to state that nursing/CNA staff would chart logs, pass out medications, do bed checks, and other miscellaneous activities not related to the fire watch. It was determined those who had conducted fire watch for the afternoon and night time had more duties other than the responsibility of fire watch.</p> <p>3.1-19(b)</p>		<p>recur: 1 facility staff will receive education the Executive Director and/or on the fire watch policy and procedure regarding staff not having other facility responsibilities while conducting a fire watch by March 9, 2024. How the corrective action will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place: 1 director/designee will conduct random fire watch assignments 1x/ for 4 weeks, then 1x/month for 5 months to ensure all documentation and inspections are completed properly. Any issues identified will be immediately addressed. Compliance date: 3/9/2024. The Administrator at Hammond-Whiting Care Center is responsible in ensuring compliance in this Plan of Correction.</p>	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/23/2024
FORM APPROVED
OMB NO. 0938-039

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	This federal tag relates to complaint number IN00427505.				