STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155156	A. BUILDING 01 B. WING	04/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
APERION CARE ARBORS MICHIGAN CITY	1101 E COOLSPRING AVE MICHIGAN CITY, IN 46360

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 0000 Bldg. 01	A Life Safety Code and Preoccupancy Survey for the creation of a vent unit in rooms 301-312 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a). Facility Number: 000076 Provider Number: 155156 AIM Number: 100271060 At this Life Safe Code and Preoccupancy survey, Aperion Care Arbors Michigan City 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. 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 smoke detection in the corridors, spaces open to the corridors and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 180 and had a census of 111 at the time of this survey. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered. Quality Review completed on 04/10/18 - DA	K 0000		
K 0915 SS=E Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	System Categories *Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES. *General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES. *Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours. 3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3			
	Based on observation, record review and interview, the facility failed to divide a Type 1 Essential Electrical System (EES) servicing 12 of 12 resident rooms in the ventilator unit in accordance with NFPA 99, 2012 edition, Health Care Facilities Code, Section 6.4.2.2. This deficient practice could affect all 12 residents in the vent unit. Finding include: Based on observations during the tour with the Maintenance Director on 04/03/18 from 3:00 p.m. to 3:30 p.m., the facility was equipped with two emergency generators supplying power to the TYPE 1 EES with a one transfer switch for each generator. Based on an interview with the Maintenance Director at 3:10 p.m. at the breaker panel for the Blue Star generator, the generator supplied power to the red quad type receptacles in resident rooms 301-312, the generator battery	K 0915	**The Facility requests paper compliance for this citation.** **This Plan of Correction is the center's credible allegation of compliance** **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. The plan of correction is prepared and/or executed solely because it is required by the provisions of**	05/03/2018

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	charger, the generator block heater and the task light at the generator. The main generator supplied power to the remainder of the facility. Based on an interview with the Maintenance Director at 3:15 p.m., he was unable to confirm the fire alarm system, resident care area task lights, the nurse call lights, the ventilator unit nurses' station and medication room were supplied power by the critical branch. He was unable to confirm the egress lighting and the fire alarm system was supplied power by the Life Safety Branch. The Maintenance Director did confirm the generator block heater and the generator task lighting was on the same branch with the ventilator receptacles therefore comingling items from the critical branch with items from the Life Safety branch. Additionally, the Maintenance Director was unable to confirm the HVAC system and the kitchen hood system was supplied power by the Equipment branch. 3.1-19(b)		**federal and state law.** **1) Immediate actions taken for those residents identified:** **The electrical company that installed the system was consulted** **for schematics to assure proper installation. Documents were received and reviewed. and** **changes implemented to be in conformance with** NFPA 101. **The Battery Charger, Block heater and light recept on Bluestar generator #2 were moved to panel EM-2 on 5/3/2018** **The Blustar generator #2 supplies** **Type 1 EES power to the quad outlets of the ventilator unit only.** **The fire alarm system, resident area task light system, nurse call** **light system, medication room, are powered by the critical branch** **of generator #1. The egress lights** **are powered by the life safety branch of generator #1. The HVAC** **and kitchen hoods are powered by** **the equipment branch of generator #1.** **No branches are comingled.** **2) How the facility identified other residents:**	

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			No residents were affected, no ventilator residents have been admitted to the facility to date. **3) Measures put into place/** Panel board was updated to reflect changes in used breakers. **Maintenance will maintain** and update as needed the electrical schematics to assure continued conformance to NFPA 101. Any change or modification to this electrical panel will be reviewed for continued compliance to code. The newly installed generator (#2) services the critical outlets for specialized equipment on this unit only while the call light system and other critical components remain on the original generator (#1) panel. 4.) How the corrective actions will be monitored: Any change to the electrical panel will be reviewed for compliance at the time of change. The change to schematics will be sent to the corporate engineer for review of compliance. Any questions will be forwarded to the appropriate agencies for review and written compliance statements. The annual Life Safety will also be a part for the ongoing	

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			compliance efforts. The in-house and corporate compliance committee will conduct annual review for compliance of the electrical change.	