

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G302	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 10/14/2021
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NAME OF PROVIDER OR SUPPLIER MCSHERR INC - BACKMEYER	STREET ADDRESS, CITY, STATE, ZIP CODE 3101 BACKMEYER RD RICHMOND, IN 47374
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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 483.475.</p> <p>Survey Date: 10/14/21</p> <p>Facility Number: 000821 Provider Number: 15G302 AIM Number: 100243750</p> <p>At this Emergency Preparedness survey, McSherr Inc - Backmeyer was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.475.</p> <p>The facility has 8 certified beds. At the time of the survey, the census was 7.</p> <p>Quality Review completed on 10/18/21</p>	E 0000		
K 0000 Bldg. 01	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.470(j).</p> <p>Survey Date: 10/14/21</p> <p>Facility Number: 000821 Provider Number: 15G302 AIM Number: 100243750</p> <p>At this Life Safety Code survey, Mcsherr Inc-Backmeyer was found not in compliance with</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 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 S331 Bldg. 01	<p>Requirements for Participation in Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 33, Existing Residential Board and Care Occupancies.</p> <p>This two story facility with a basement was not sprinkled. The facility has a fire alarm system with smoke detection on all levels including the corridors, common living areas, the basement and battery operated smoke detectors in all client sleeping rooms. The facility has a capacity of 8 and had a census of 7 at the time of this survey.</p> <p>Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 0.5.</p> <p>Quality Review completed on 10/18/21</p> <p>NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING (Prompt) Interior wall and ceiling finish in accordance with section 10.2. In Prompt Evacuation Capability facilities, Class A, Class B, or Class C is permitted. There are no requirements for interior floor finish. 33.2.3.3, 33.2.3.3.3</p> <p>Based on observation and interview, the facility failed to ensure the interior finish in 1 of 1 areas observed was rated Class A, Class B or Class C for a Prompt rated facility. This deficient practice could affect 7 clients.</p> <p>Findings include:</p>	K S331	<p>Name and Address of Provider: McSherr, Inc., 3101 Backmeyer Rd, Richmond, IN 47374</p> <p>Date Survey Complete: 10/14/21</p> <p>Provider Identification Number: 15G302</p> <p>Survey Event ID: E44Y21</p>	11/23/2021

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	Based on observation on 10/14/21 12:28 p.m. with the House Manager (HM), the Dining room on the first floor had wood paneling surrounding the entire room. Based on an interview with the HC, there was no documentation or evidence the wood paneled walls in the Dining room had been treated with a paint that had a flame spread rating of a Class A, Class B or Class C interior finish. This was discussed with the HM during the exit conference.		<p>Finding: K0331 The facility failed to ensure the interior finish in 1 of 1 areas observed was rated Class A, Class B or Class C for a Prompt rated facility.</p> <p>What corrective action(s) will be accomplished for these residents found to have been affected by the deficient practice?</p> <ul style="list-style-type: none"> · Class A paint has been ordered through Sherwin Williams and the dining room will be repainted. · A copy of the receipt showing the purchase of the Class A paint along with documentation of the date the dining room was repainted will be kept in the fire safety binder in the home. · Team will monitor through monthly IDT <p>How will McSherr identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All Backmeyer clients have the potential to be affected.</p> <ul style="list-style-type: none"> · Class A paint has been ordered through Sherwin Williams and the dining room will be repainted. · A copy of the receipt showing the purchase of the Class A paint along with documentation of the date the dining room was 	

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			<p>repainted will be kept in the fire safety binder in the home.</p> <ul style="list-style-type: none"> Team will monitor through monthly IDT <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> Class A paint has been ordered through Sherwin Williams and the dining room will be repainted. A copy of the receipt showing the purchase of the Class A paint along with documentation of the date the dining room was repainted will be kept in the fire safety binder in the home. Team will monitor through monthly IDT <p>How will the corrective action(s) be monitored to ensure that the deficient practice will not recur (quality assurance program, etc.) and how will it be put into place?</p> <ul style="list-style-type: none"> Class A paint has been ordered through Sherwin Williams and the dining room will be repainted. A copy of the receipt showing the purchase of the Class A paint along with documentation of the date the dining room was repainted will be kept in the fire safety binder in the home. Team will monitor through 	

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K S500 Bldg. 01	<p>NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>1. Based on record review, observation and interview; the facility failed to ensure a written record of weekly inspections for the generator was maintained for 12 of 12 months. LSC 4.5.7 states any building service equipment or safeguard provided to achieve the goals of this Code shall be designed, installed, and approved in accordance with applicable NFPA codes. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1 states an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 110, Section 8.3.4 states a permanent record of EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. This deficient practice could affect all clients, staff and visitors.</p> <p>Findings include: Based on record review with the House Manager (HM) at 12:50 p.m. on 10/14/21, documentation</p>	K S500	<p>monthly IDT</p> <p>What is the date by which the systemic changes will be implemented? · 11/13/2021</p> <p>Name and Address of Provider: McSherr, Inc., 3101 Backmeyer Rd, Richmond, IN 47374 Date Survey Complete: 10/14/21 Provider Identification Number: 15G302 Survey Event ID: E44Y21</p> <p>Finding: K0500 The facility failed to ensure a written record of weekly inspections for the generator was maintained for 12 of 12 months. The facility failed to maintain a complete written record of monthly generator load testing for 12 of the most recent 12 months. What corrective action(s) will be accomplished for these residents found to have been affected by the deficient</p>	11/13/2021	

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	<p>of weekly generator inspection after May 2016 was not available for review. Based on interview at the time of record review, the HM stated the facility has a permanently installed natural gas fired emergency generator, which the facility installed in the Summer of 2020 acknowledged documentation of weekly generator inspections was not available for review. The generator was located on the east side of the building. This was discussed with the HM during the exit conference.</p> <p>2. Based on record review, observation and interview; the facility failed to maintain a complete written record of monthly generator load testing for 12 of the most recent 12 months. LSC 4.5.7 states any building service equipment or safeguard provided to achieve the goals of this Code shall be designed, installed, and approved in accordance with applicable NFPA codes. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.4.1 states an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. Section 8.4.2.4 states spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. NFPA 110, Section 8.3.4 states a permanent record of EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. This deficient practice affects all clients, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the House Manager (HM) at 12:55 p.m. on 10/14/21, documentation of monthly generator load testing for the past 12</p>		<p>practice?</p> <ul style="list-style-type: none"> · McSherr will conduct and document weekly generator inspections. · McSherr will conduct and document monthly load testing to ensure the generator is functioning properly. · House Management team will monitor through in-house observations, reporting process and meetings · Team will monitor through monthly IDT <p>How will McSherr identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All Backmeyer clients have the potential to be affected.</p> <ul style="list-style-type: none"> · McSherr will conduct and document weekly generator inspections. · McSherr will conduct and document monthly load testing to ensure the generator is functioning properly. · House Management team will monitor through in-house observations, reporting process and meetings · Team will monitor through monthly IDT <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> · McSherr will conduct and 	

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