PRINTED: 05/30/2024
FORM APPROVED
OMB NO. 0938-039

CENTERS FO	R MEDICARE & MEDIC	CAID SERVICES				OM	IB NO. 0938-039
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BU	A. BUILDING <u>01</u>			LETED
	155287		B. WING			05/06/2024	
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1309 E GRACE ST RENSSELAER, IN 47978				
TTENTOOL	TENER OF THE OPIN			INLINOC	TENER, IN 47576		
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIE		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	NCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI	ATE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION		TAG	DEFICIENCY)		DATE
K 0000							
DI d = 04							
Bldg. 01	A Doot Currey Dov	igit (DCD) to the Life Cofety	17.0	000	This was of some stick is made		
		isit (PSR) to the Life Safety	KU	000	This plan of correction is prep	ared	
		on and State Licensure Survey			and executed because the		
		9/24 was conducted by the			provisions of state and federa	ıl law	
	_	t of Health in accordance 42			require it and not because		
	CFR Subpart 483.9	00(a).			Rensselaer Care Center agre		
					with the allegations and citati		
	Survey Date: 05/06	5/24			listed. Rensselaer Care Cent	er	
					maintains that the alleged		
	Facility Number: 0				deficiencies do not jeopardize	the the	
	Provider Number: 1	155287			health and safety of the resid	ents	
	AIM Number: 1002	290840			nor is it of such character to l	mit	
					our capabilities to render ade	quate	
	At this Life Safety	Code PSR, Rensselaer Care			care. Please accept this plan	of	
	Center was found n	not in compliance with			correction as our credible		
	Requirements for P	Participation in			allegation of compliance that	the	
	_	l, 42 CFR Subpart 483.90(a),			alleged deficiencies have or v		
		ire and the 2012 edition of the			correct by the date indicated		
		ction Association (NFPA) 101,			remain in compliance with sta		
		LSC), Chapter 19, Existing			and federal regulations, the fa		
		ancies and 410 IAC 16.2.			has taken or will take the acti	-	
	Trousin care comp				set forth in this plan of correc		
	The facility was de	termined to be Type V (111)			We respectfully request a des		
		as fully sprinklered. The			review.	ж	
		arm system with hardwired			Teview.		
	1 -	the corridors and spaces open					
		esident rooms are equipped					
		ed smoke detectors. The					
		acity for 157 and had a census					
	of 76 at the time of	this survey.					
	All areas where res	idents have customary access					
		ccept for two detached sheds					
	_	general storage that were not					
	sprinklered	general storage that were not					
	sprinkiered						
	Quality Review con	mpleted on 05/15/24					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brandi Costello Executive Director 05/24/2024

Any defiency statement 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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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER 155287	A. BUILDING B. WING	01	COMPLETED 05/06/2024		
NAME OF PROVIDER OR SUPPLIER RENSSELAER CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP COD 1309 E GRACE ST RENSSELAER, IN 47978				
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE		
K 0920 SS=E Bldg. 01	Extens Electrical Equipme Extension Cords Power strips in a pused for compone patient-care-relate (PCREE) assemble assembled by qua the conditions of 1 the patient care vio non-PCREE (e.g., except in long-term do not use PCREE meet UL 1363A or for non-PCREE in (outside of vicinity non-patient care ro other UL standard used with general cords are not used wiring of a structur temporarily are rer completion of the p installed and meet 10.2.3.6 (NFPA 98 (NFPA 70), 590.3(1. Based on observa failed to ensure 1 of as a substitute for fir equipment with a hi NFPA-70/2011, 400 permitted in 400.7 f not be used for (1) a This deficient practi	d electrical equipment es that have been lified personnel and meet 0.2.3.6. Power strips in cinity may not be used for personal electronics), n care resident rooms that E. Power strips for PCREE OL 60601-1. Power strips the patient care rooms meet UL 1363. In coms, power strips meet s. All power strips are precautions. Extension If as a substitute for fixed the. Extension cords used moved immediately upon courpose for which it was so the conditions of 10.2.4. D), 10.2.4 (NFPA 99), 400-8 D) (NFPA 70), TIA 12-5 tion and interview, the facility of 1 power strips were not used extending to provide power	K 0920	K 920 Electrical Equipment – Power Cords and Extension C What corrective action(s) will be accomplished for those resider found to have been affected by the deficient practice? During walk through use of power strips were observed powering high draw power appliances, power strip plugge into another power strip, concewere immediately resolved.	nts V		

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Event ID:

06TI22

Facility ID: 000185

If continuation sheet

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05/30/2024 PRINTED: FORM APPROVED

CENTERS FO	AID SERVICES				OMB NO. 0938-039		
STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONST	RUCTION	(X3) DATE	SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	A. BUILDING	3 <u>0</u>)1	COMPI	LETED
		155287	B. WING	_		05/06	/2024
			STRE	ET ADDE	RESS, CITY, STATE, ZIP COD		
NAME OF PROVIDER OR SUPPLIER					ACE ST		
RENSSELAER CARE CENTER				AER, IN 47978			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIE		ID		PROVIDER'S PLAN OF CORRECTION	(X5)	
PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	د _د	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG	REGULATORY OF	R LSC IDENTIFYING INFORMATION	TAG		DEFICIENCY)		DATE
	Based on observation	on during a tour of the facility		Ho	ow other residents having th	е	
	with the Maintenance Director on 05/06/24 between 12:39 p.m. and 1:13 p.m., A power strip was used to power a microwave (high draw			ро	tential to be affected by the		
				sa	me deficient practice will be	•	
				ide	entified and what corrective		
	appliance) in the en	nployee breakroom next to the		ac	tion(s) will be taken:		
	vending machines.	Based on interview at the time		.	·All occupants have the potential		
	of observation, the	Maintenance Director			be affected.		
	acknowledged the p	power strip supplied power to		l w	hat measure will be put into		
	the microwave.				place or what systemic changes		
				1 '	II be made to ensure that the		
	Findings were discussed with the Maintenance			de	ficient practices does not re	cur:	
	Director and Executive Director at exit conference.				·Environmental rounds will be		
	This deficiency was cited on 03/19/24. The facility			СО	completed weekly by maintenance		
	failed to implement a systemic plan of correction				partment and plan has beer		
	to prevent recurrence.				o place to address any	•	
					appropriate use of power str	ips.	
	3.1-19(b) 2. Based on observation and interview, the facility failed to ensure 1 of 1 power cord daisy chains were not used as and as a substitute for fixed wiring. 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. Article 400.8 (1) prohibits daisy chains, because the first extension cord (or power strip) is now acting as a substitute for the fixed wiring of a structure. This deficient practice could				The Maintenance Director		
					d/or designee will include		
					entified areas in the current		
				pre	eventative maintenance pro	gram	
					d conduct routine rounds	5	
				ac	cording to facility protocol.		
					The Director of Maintenanc	е	
				l wa	as educated by the Executiv	е	
					rector on appropriate use of		
					wer strips on 5/8/2024.		
					ow the corrective action(s) w	ill be	
					onitored to ensure the defici		
	affect approximately 12 residents and staff.				practice will not recur:		
	**				The Maintenance Director		
	Findings include:				d/or designee will conduct		
					servations in facility 5 times	i	
	Based on observation	ons during a tour of the facility			eekly for next 6 months to		
		ce Director on 05/06/24			ensure the completion of all		
		and 1:13 p.m., in the CNA			required inspections are complete		
		1 101, a power strip was			and up to date, and will be		
					ongoing. Any concerns identified		
	plugged into and supplied power by another power strip which was used to power electrical				ll be addressed immediately		1
power surp which was used to power electrical			ı	1 4411	n do addrossou ininiculatoly	•	Ī

equipment. Based on interview at the time of

observation, the Maintenance Director agreed

·The results of these will be

discussed at the monthly facility

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	that the power strips were daisy chained and removed one of the power strips during observation. Findings were discussed with the Maintenance Director and Executive Director at exit conference. This deficiency was cited on 03/19/24. The facility failed to implement a systemic plan of correction to prevent recurrence 3.1-19(b)				Quality Assurance Committee meeting and reviewed for a total of 3 months and then quarterly thereafter once compliance.¿ QAPI will determine the need for further audits. Compliance date: May 29, 2024. The Administrator at Rensselaer Care Center is responsible in ensuring compliance in this Plan of Correction.			

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