

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

PRINTED: 03/17/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155802		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1 SISTERS OF PROVIDENCE ST MARY OF THE WOODS, IN 47876			
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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: 02/20/23</p> <p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>At this Emergency Preparedness survey, Providence Health Care was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 70 certified beds. At the time of the survey, the census was 62.</p> <p>Quality Review completed on 02/21/23</p>			E 0000			
E 0041 SS=E Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power</p>						

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

TITLE

(X6) DATE

Mandy Lynch

Administrator

03/04/2023

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 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 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>systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain</p>						

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	<p>the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>1. Based on record review and interview, the facility failed to implement the emergency power system equipment, inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect 5 occupants using the ventilator beds.</p> <p>Findings include:</p> <p>Based on observations during the tour with the Director of Plant Operations on 02/20/23 from 12:15 p.m. to 2:20 p.m., the facility was equipped with a natural gas emergency generator supplying power to the TYPE 1 EES with a one transfer switch. Based on an interview with the Director of Plant Operations at 12:30 p.m. at the breaker panels for the natural gas generator, the Director of Plant Operations identified the Life Safety and Critical Branch breaker panels, neither of which were labeled on the panels. The Life Safety branch panel directory indicated power was supplied to Lights, Exits, Receptacles, Condensate Pumps, Mechanical Equipment Room Telephone Board, and Fire Alarm Panel. The Critical Branch panel directory indicated power was supplied to Lights, Receptacle S Nurse Station, Receptacles for rooms 151, 153, 155, 174, 176, Generator Panel, Telephone Board 1 Hub Room 144, and Fire Alarm NAC Panel. Based on an interview with the Director of Plant Operations at 12:32 p.m., he confirmed the Fire Alarm NAC Panel 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 Director of</p>			E 0041	<p>It is the practice of this facility to ensure emergency power systems equipment is installed and functioning. The facility has corrected the deficient practice by purchasing and installing a battery-powered light for the generator in the event of a power failure.</p> <p>The Administrator or Designee will verify that the monthly battery-powered lighting documentation is complete and accurate.</p> <p>It is also the practice of this facility to ensure the breaker panels are labeled correctly with the appropriate components on each panel without commingling. An independent electrician was brought in to verify the location of the fire alarm NAC panel. It was confirmed the fire alarm NAC is on the life safety branch and not the critical branch. The panels were relabeled respectively.</p> <p>The findings will be reported to the Quality Assurance</p>		03/06/2023

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K 0000 Bldg. 01	<p>Plant Operations confirmed Condensate Pumps and a Telephone Board was supplied power by the Life Safety branch.</p> <p>2. Based on record review and interview, the facility failed to implement the emergency power system equipment, inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect at least 25 residents.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 02/20/23 during a tour of the facility from 12:15 p.m. to 2:20 p.m., the natural gas generator was not provided with battery-powered emergency lighting. There is a fence on two sides of the generator which sits in a landscaped area next to a tree between a curbed sidewalk and driveway. Based on an interview at the time of observation, the Director of Plant Operations agreed the natural gas generator was not provided with battery-powered emergency lighting.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <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: 02/20/23</p>			K 0000	Committee.		

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K 0100 SS=D Bldg. 01	<p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>At this Life Safety Code survey, Providence Health Care 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), and 410 IAC 16.2. The North-South Unit and East-West Unit were both surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This facility consists of two buildings, the north-south unit and the east-west unit, which are connected by a thirty foot corridor. Both buildings are one story facilities determined to be of Type V(111) construction and were fully sprinklered. The North-South unit has a basement tunnel under the building. The east-west unit has a partial basement under the pool only. The facility has 5 ventilator beds. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a capacity of 70 and had a census of 62 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/21/23</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC</p>						

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	<p>Section 18.1 and 19.1 General Requirements 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>Based on observation and interview, the facility failed to ensure 1 of 1 fire door sets were arranged to automatically close and latch. LSC section 8.3.3.1 stated openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, section 6.1.4.2.1 states self-closing doors shall swing easily and freely and shall be equipped with a closing device to cause the door to close and latch each time it is opened. This deficient practice was not in a patient area and could affect staff in the basement tunnel.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Director of Plant Operations on 02/20/23 at 1:02 p.m., the fire doors in the basement tunnel that separates health care from Providence Hall failed to latch into the frame when tested. Based on interview at the time of observation, the Director of Plant Operations agreed the fire doors did not latch into the frame when tested.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p>			K 0100	<p>It is the practice of this facility to ensure fire doors latch into the frame appropriately to minimize the potential harm to residents. The fire door found to be not in compliance was fixed by adjusting the closers to allow it to latch into the frame correctly.</p> <p>All fire doors in the facility will be inspected weekly for two weeks, then monthly for three months, to ensure all doors are in compliance with the regulations. This documentation will be reviewed by the Administrator or designee and kept in the Administrator's office.</p>		03/01/2023

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K 0200 SS=D Bldg. 01	<p>NFPA 101 Means of Egress Requirements - Other Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements 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. 18.2, 19.2</p> <p>Based on observation and interview, the facility failed to ensure 2 of over 50 doors were provided with door latches that required only one operation to open. LSC 19.2.2.1 states doors complying with LSC 7.2.1 shall be permitted. LSC 7.2.1.5.10.2 requires the releasing mechanism shall open the door leaf with not more than one releasing operation. This deficient practice could affect at least 2 residents and staff using the shower rooms.</p> <p>Findings include:</p> <p>Based on observations with the Administrator and the Director of Plant Operations during a tour of the facility from 12:15 p.m. to 2:20 p.m. on 02/20/23, there were two shower rooms on the East/West Unit. The corridor doors to the shower rooms had a door handle without a lock and a thumb twist deadbolt which required a key to open from the corridor side of the door. Based on interview at the time of the observations, the Administrator and Director of Plant Operations agreed each of the doors had more than one releasing operation.</p> <p>This finding was reviewed with the Administrator and the Director of Plant Operations during the exit conference.</p>			K 0200	<p>It is the practice of this facility to ensure all doors with latches only have one operation to open. The deficient practice has been corrected by the removal of the deadbolt mechanisms from the door. No other mechanism like this exists in the facility and no others will be installed.</p>		02/21/2023

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K 0211 SS=B Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 means of egress were continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. This deficient practice could affect at least 10 residents and staff using the exit by resident room 185.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Director of Plant Operations on 02/20/23 between 12:20 p.m. and 2:20 p.m., the double door facility exit by resident room #185 contained a three foot tall metal drawered cabinet stored in the vestibule. Based on an interview at the time of observation, the Director of Plant Operations stated the metal drawered cabinet was used by staff for mail and correspondence and agreed the exit was not free of obstructions. The metal drawered cabinet was removed from the vestibule prior to survey exit.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations during the exit conference.</p>			K 0211	<p>It is the practice of this facility to ensure all paths are egress are continuously maintained free from obstructions for full use in case of an emergency. The deficient practice was corrected by removing the metal cabinet from the vestibule prior to the survey exit. Before and after pictures have been included for your reference.</p>		02/20/2023

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K 0321 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) Based on observation and interview, the facility failed to ensure 3 of over 10 hazardous area doors,</p>			K 0321	It is the practice of this facility to ensure appropriate door closers		03/06/2023

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	<p>such as fuel-fired equipment room, and storage rooms were provided with properly working self-closing devices. This deficient practice could affect at least 10 residents and staff.</p> <p>Findings include:</p> <p>Based on observations during the facility tour with the Director of Plant Operations on 02/20/23 between 12:15 p.m. and 2:20 p.m., the following was noted:</p> <p>A) One large storage area identified as Sisters Storage by the Director of Plant Operation went along a wall in the basement tunnel beneath North/South Unit was divided into 5 smaller rooms. The room dividing walls did not go up the the ceiling. This storage area was greater than 50 square feet, contained a number of combustible items, including 34 cardboard boxes, paper programs, 5 shelves storing paper files and decorations. The 5 corridor doors to these rooms were not equipped with a self-closing device. The Director of Plant Operations stated that he does not have keys to access this storage area and the area is controlled by the Sisters. Access was granted by a Facilities personnel that the Director of Plant Operations contacted.</p> <p>B) The Mechanical Room by the dish room contained two boilers and fuel fired water heaters. The door to this mechanical room was not equipped with a self-closing device or self-closing hinges.</p> <p>C) The corridor door to the clean linen room in the back hall was equipped with a self-closing device, but the door failed to fully close and latch into the frame. The Director of Plant Operations stated plastic was shoved into the opening of the frame,</p>				<p>are installed in all rooms containing hazardous materials. The closures were purchased and installed on the doors found to be deficient. The hazardous materials were moved from the storage rooms.</p> <p>The findings will be reported to the Quality Assurance Committee.</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155802		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 02/20/2023	
NAME OF PROVIDER OR SUPPLIER PROVIDENCE HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1 SISTERS OF PROVIDENCE ST MARY OF THE WOODS, IN 47876			
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K 0346 SS=F Bldg. 01	<p>not allowing the door to latch.</p> <p>These findings were reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6 Based on record review and interview, the facility failed to provide a complete written policy for the protection of all residents indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants in the facility.</p> <p>Findings include:</p> <p>Based on record review on 02/20/23 between 10:25 a.m. and 12:15 p.m. with the Director of Plant Operations and Administrator present, the facility provided fire watch documentation from the Emergency Preparedness plan, however, it was incomplete. The fire watch policy dated 03/2021 did not include documentation to indicate the person conducting the fire watch has been properly trained. Based on an interview at the time</p>			K 0346	<p>It is the practice of this facility to ensure all persons who will conduct a fire watch in the facility have been properly trained. The fire watch policy has been updated and an in-service sheet is provided for all persons who would be responsible, the new policy is attached for reference.</p>		02/21/2023

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K 0511 SS=D Bldg. 01	<p>of record review, the Director of Maintenance and Administrator confirmed the fire watch documentation provided named "Fire Watch Policy" did not state anything about the individual doing the fire watch had to be a trained individual, or have proper training.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations during 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 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>1. Based on observation and interview, the facility failed to ensure electrical outlets were protected according to 19.5.1. NFPA 70, 2011 Edition, Article 406.6, Receptacle Faceplates (Cover Plates), requires receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. This deficient practice could affect 2 staff in the North/South Medication Room.</p> <p>Findings include:</p> <p>Based on observation and interview during a facility tour with the Director of Plant Operations on 02/20/23 between 12:15 p.m. and 2:20 p.m., the North/South Medication room had an outlet that was missing an outlet cover protecting the</p>			K 0511	<p>It is the policy of this facility to ensure all receptacles are in proper working order and protected with the appropriate face plates. To correct the deficiency, a face plate was placed on the outlet and a cover was placed on the exposed junction box. Before and after pictures for both are included for reference.</p> <p>It is also the practice of the facility to test monthly that all GFCI outlets trip when using the ground fault circuit interrupter. To correct the deficiency, the GFCI</p>		02/21/2023

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	<p>electrical outlet. Based on interview at the time of observation, the Director of Plant Operations confirmed that an outlet was missing a cover plate.</p> <p>2. Based on observation, the facility failed to ensure all electrical junction boxes observed were maintained in a safe operating condition. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 314.28(3) (c) states junction boxes shall be provided with covers compatible with the box and suitable for the conditions of use. Where used, metal covers shall comply with the grounding requirements of 250.110. This deficient practice was not in a patient care area and could affect staff only.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations during a tour of the facility from 12:15 p.m. to 2:20 p.m. on 02/20/23, an electrical junction box without a cover and with exposed electrical wiring were noted on the ceiling of the basement mechanical room in North/South building. Based on interview at the time of the observation, the Director of Plant Operations confirmed the aforementioned electrical junction box locations was not provided with a cover.</p> <p>3. Based on observation and interview, the facility failed to ensure 1 of 1 ground fault circuit interrupter (GFCI) was properly maintained for protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault</p>				<p>outlet was replaced that did not trip. All GFCI outlets were tested immediately and will be tested weekly for four weeks to ensure compliance. This documentation will be reviewed by the Administrator or designee and kept in the Administrator's office.</p> <p>The findings will be reported to the Quality Assurance Committee.</p>		

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K 0915 SS=E Bldg. 01	<p>Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8. This deficient practice could affect staff in the west soiled utility room.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 02/20/23 at 1:40 p.m., there was a GFCI receptacle within three feet of a hand washing sink in the west soiled utility room. When the GFCI electric receptacle was tested with a GFCI tester, the GFCI receptacle failed to trip and did not break the electrical circuit. Based on interview at the time of observation, the Director of Plant Operations agreed the GFCI electric receptacle in the west soiled utility room did not properly work when tested.</p> <p>These findings were reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric 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</p>						

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	<p>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</p> <p>Based on observation, record review and interview, the facility failed to divide a Type 1 Essential Electrical System (EES) servicing 5 of 5 ventilator beds in the facility in accordance with NFPA 99, 2012 edition, Health Care Facilities Code, Section 6.4.2.2. This deficient practice could affect all 5 residents using the ventilator beds.</p> <p>Finding include:</p> <p>Based on observations during the tour with the Director of Plant Operations on 02/20/23 from 12:15 p.m. to 2:20 p.m., the facility was equipped with a natural gas emergency generator supplying power to the TYPE 1 EES with a one transfer switch. Based on an interview with the Director of Plant Operations at 12:30 p.m. at the breaker panels for the natural gas generator, the Director of Plant Operations identified the Life Safety and Critical Branch breaker panels, neither of which were labeled on the panels. The Life Safety branch panel directory indicated power was supplied to Lights, Exits, Receptacles, Condensate Pumps, Mechanical Equipment Room Telephone Board, and Fire Alarm Panel. The Critical Branch panel directory indicted power was supplied to Lights, Receptacle S Nurse Station, Receptacles for rooms 151, 153, 155, 174, 176, Generator Panel, Telephone Board 1 Hub Room 144, anf Fire Alarm NAC Panel. Based on an interview with the Director of Plant Operations at 12:32 p.m., he confirmed the Fire</p>			K 0915	<p>It is the practice of this facility to ensure the breaker panels are labeled correctly with the appropriate components on each panel without commingling. An independent electrician was brought in to verify the location of the fire alarm NAC panel. It was confirmed the fire alarm NAC is on the life safety branch and not the critical branch. The panels were relabeled respectively. Before and after pictures are attached for reference.</p>		03/06/2023

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K 0918 SS=E Bldg. 01	<p>Alarm NAC Panel 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 Director of Plant Operations confirmed Condensate Pumps and a Telephone Board was supplied power by the Life Safety branch.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a</p>						

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	<p>program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>Based on observation and interview, the facility failed to provide 1 of 2 emergency task generators with battery backup lighting. NFPA 110, 2010 Edition at section 7.3.1 requires the Level 1 or Level 2 EPS equipment location(s) shall be provided with battery-powered emergency lighting. This requirement shall not apply to units located outdoors in enclosures that do not include walk-in access. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect at least 25 residents.</p> <p>Findings include:</p> <p>Based on observation with the Director of Plant Operations on 02/20/23 during a tour of the facility from 12:15 p.m. to 2:20 p.m., the natural gas generator was not provided with battery-powered emergency lighting. There is a fence on two sides</p>			K 0918	<p>It is the practice of this facility to ensure emergency power systems equipment is installed and functioning. The facility has corrected the deficient practice purchasing and installing a battery powered light for the generator in the event of a power failure.</p> <p>The Administrator or Designee will verify that the monthly battery powered lighting documentation is complete and accurate.</p> <p>The findings will be reported to the Quality Assurance Committee.</p>		03/06/2023

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	<p>of the generator which sets in a landscaped area next to a tree between a curbed sidewalk and driveway. Based on an interview at the time of observation, the Director of Plant Operations agreed the natural gas generator was not provided with battery-powered emergency lighting.</p> <p>This finding was reviewed with the Administrator and Director of Plant Operations at the exit conference.</p> <p>3.1-19(b)</p>						