

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

PRINTED: 01/26/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155242	X2) MULTIPLE CONSTRUCTION A. BUILDING: -- B. WING: _____	X3) DATE SURVEY COMPLETED 01/09/2023
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NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF MUNCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 4301 N WALNUT ST MUNCIE, IN 47303
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
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: 01/09/2023</p> <p>Facility Number: 000146 Provider Number: 155242 AIM Number: 100291200</p> <p>At this Emergency Preparedness survey, Signature Healthcare of Muncie was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 140 and had a census of 128 at the time of this survey.</p> <p>Quality Review completed on 01/11/23</p>	E 0000	We respectfully request a Desk Review for this survey. Supporting documentation has been added in attached documents	
K 0000 Bldg. 01	<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: 01/09/2023</p> <p>Facility Number: 000146 Provider Number: 155242 AIM Number: 100291200</p> <p>At this Life Safety Code survey, Signature Healthcare of Muncie was found not in compliance with Requirements for Participation in</p>	K 0000	We respectfully request a Desk Review for this survey. Supporting documentation has been added in attached documents	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Ben Wells	Administrator	01/19/2023

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 0353 SS=C Bldg. 01	<p>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.</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 smoke detection in the corridors, areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 140 and had a census of 128 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 01/11/23</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial</p>			

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	<p>automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure 1 of 1 sprinkler systems were provided with spare sprinklers, a spare sprinkler cabinet and a sprinkler wrench on the premises. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.4.1.4 states a supply of spare sprinklers shall be maintained on the premises so that any sprinklers that have been operated or damaged in any way can be promptly replaced. The sprinklers shall correspond to the types and temperature ratings of the sprinklers on the property. The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100 degrees Fahrenheit. A special sprinkler wrench shall be provided and kept in the cabinet to be used in the removal and installation of sprinklers. This deficient practice could affect all residents and staff in the facility.</p> <p>Findings include:</p> <p>Based on observations during a tour of the facility with the Administrator and Maintenance Director on 01/09/2023 at 1:00 p.m., there was a spare sprinkler cabinet in the riser room that included 7 spare sprinklers; 3 of which were not in their own protected slot in the sprinkler box. Based on interview at the time of the observation, the Maintenance Director agreed the spare sprinkler cabinet had spare sprinklers not in protected slots. At the time of observation the Maintenance Director put the loose sprinkler heads in protective slots.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the time of discovery</p>	K 0353	<p>What corrective action will be accomplished for those residents found to be affected by the deficient practice? Additional Spare sprinklers were immediately placed in protective slots.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? No other residents have the potential to be affected and the practice was immediately resolved.</p> <p>What measures will be put in place and what systematic changes will be made to ensure the deficient practice does not recur? The Maintenance Director will inspect the spare sprinkler cabinet weekly for 4 weeks, monthly for 4 months and then quarterly for 3 quarters to assure all spare sprinklers are secure.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur? Results of the inspections will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 3 months, and then quarterly for 3 quarters. Audit documentation will continue to be</p>	01/10/2023
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K 0363 SS=E Bldg. 01	<p>and again at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Corridor - Doors Corridor - Doors</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or</p>		submitted to the QAPI committee for review and to ensure compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.	

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	<p>other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>Based on observation and interview, the facility failed to ensure 2 of 2 resident room corridor doors were provided with a means suitable for keeping the door closed, had no impediment to closing, latching and would resist the passage of smoke. This deficient practice could affect at least the 4 residents in rooms 502 and 809 plus any resident and staff in the corridor outside of each room.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 01/09/2023 at 12:35 p.m., the corridor door to resident room 502 and resident room 809 did not latch into the frame when tested. Based on interview at the time of observation, the Maintenance Director stated the corridor door would not latch into the door frame but would be repaired before I left the building.</p> <p>These findings were reviewed with the Administrator and the Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>	K 0363	<p>What corrective action will be accomplished for those residents found to be affected by the deficient practice? The doors were immediately adjusted to latch into the door frames.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? All corridor doors have been inspected to assure appropriate latching into the door frames.</p> <p>What measures will be put in place and what systematic changes will be made to ensure the deficient practice does not recur? The Maintenance Director will inspect the corridor doors weekly for 4 weeks, monthly for 4 months and then quarterly for 3 quarters to assure all doors latch into the door frames.</p> <p>How will the corrective actions</p>	01/10/2023

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K 0920 SS=D Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are</p>		<p>be monitored to ensure the deficient practice will not recur? Results of the inspections will be forwarded to the Quality Assurance Performance Improvement Committee monthly for 3 months, and then quarterly for 3 quarters. Audit documentation will continue to be submitted to the QAPI committee for review and to ensure compliance goals. QAPI committee reserves the right to modify or extend monitoring times according to outcomes. The Administrator is responsible for the oversight of this plan to ensure ongoing compliance.</p>	

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	<p>used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 resident rooms did not used multi-plug adaptors as a substitute for fixed wiring. LSC 9.1.2 requires electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, 2011 Edition, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects 2 residents.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 01/09/2023 at 01:15 p.m., resident room 417 contained a multi-plug adaptor powering personal equipment. Based on interview at the time of observation, the Maintenance Director and Administrator agreed a mulita-plug adaptor was in use in resident room 417. The Maintenance Director removed the multiplug adaptor at the time of observation.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>	K 0920	<p>What corrective action will be accomplished for those residents found to be affected by the deficient practice? The resident's multiplug adapter was immediately removed from use.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective actions will be taken? No other residents have the potential to be affected and the practice was immediately resolved.</p> <p>What measures will be put in place and what systematic changes will be made to ensure the deficient practice does not recur? The Maintenance Director or designee will inspect each resident room weekly for 4 weeks, monthly for 4 months and then quarterly for 3 quarters to assure no multiplug adapters are in use.</p> <p>How will the corrective actions be monitored to ensure the deficient practice will not recur? Results of the inspections will be</p>	01/10/2023

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