

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

PRINTED: 06/25/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155132		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 06/04/2024	
NAME OF PROVIDER OR SUPPLIER DANVILLE REGIONAL REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 255 MEADOW DR DANVILLE, IN 46122			
(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: 06/04/24</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>At this Emergency Preparedness survey, Danville Regional Rehabilitation was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has 110 certified beds. At the time of the survey, the census was 104.</p> <p>Quality Review conducted on 06/07/24</p>			E 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after.</p>		
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: 06/04/24</p> <p>Facility Number: 000057 Provider Number: 155132 AIM Number: 100266570</p> <p>At this Life Safety Code survey, Danville Regional Rehabilitation was found in substantial</p>			K 0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>This provider respectfully requests that the 2567 Plan of Correction be considered the letter of credible allegation and requests a desk review in lieu of a Post Complaint Survey Revisit on or after.</p>		

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

TITLE

(X6) DATE

JENNA BERRY

EXECUTIVE DIRECTOR

06/21/2024

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 30 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 0920 SS=B Bldg. 01	<p>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). Building 0102 built prior to March 1, 2003 was surveyed with Chapter 19, Existing Health Care Occupancies.</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 corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system for resident sleeping rooms in the Active Life Transition Unit and in Rooms 201 to 214. The facility has battery operated smoke detectors installed in all other resident sleeping rooms. The facility has a capacity of 110 and had a census of 104 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility has two detached building providing facility services which were not sprinklered.</p> <p>Quality Review conducted on 06/07/24</p> <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</p>						

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	<p>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 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 Beauty Shop did not use flexible cords 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 could affect as many as 1 resident and 1 staff.</p> <p>Findings include:</p> <p>Based on observations made on 06/04/24 with the Maintenance Director and the facility Executive Director during a tour of the facility at 1:42 p.m., the Beauty Shop had a power strip with a hair dryer and a curling iron plugged into it. Based on an interview at the time of the observation, the Maintenance Director acknowledged the instance of power strip usage and immediately removed the power strip from use plugging the items directly into a wall outlet adding that he would speak to</p>			K 0920	<p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Power strip was removed from beauty salon. No residents had adverse effects or complications.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken;</p> <p>All residents have potential to be affected by deficient practice. Maintenance Director or designee will audit building for use of power strips to ensure that proper power strips are in place on or before July 1, 2024. Education will be provided to Beautician regarding the use of power strips on or before July 1,</p>		07/01/2024

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	<p>the shop manager the next time she was at the facility.</p> <p>This item was again discussed with the Maintenance Director and the facility Executive Director during the exit conference on 06/04/24 at 2:18 p.m.</p> <p>3.1-19(b)</p>		<p>2024.</p> <p>Education will be provided to staff regarding the use of power strips on or before July 1, 2024.</p> <p>Electrician will install quad outlet in beauty salon.</p> <p>What measures will be put in place and what systemic changes will be made to ensure that the deficient practice does not recur;</p> <p>Education will be provided to Beautician regarding the use of power strips on or before July 1, 2024.</p> <p>Education will be provided to staff regarding the use of power strips on or before July 1, 2024.</p> <p>Maintenance Director or designee will audit building for use of power strips to ensure that proper power strips are in place on or before July 1, 2024.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>To ensure compliance, the Maintenance Director or designee will be responsible for completion of Power Strip CQI tool biweekly times 4 weeks, monthly times 6 months, then quarterly until continues compliance is maintained for 2 consecutive quarters. The results of these</p>		

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			audits will be reviewed by the CQI committee overseen by the ED. If threshold of 95% is not achieved an action plan will be developed to ensure compliance. By what date the systemic changes will be completed. July 1, 2024.		