

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

PRINTED: 06/26/2025
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 06/04/2025	
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			
(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: 06/04/25</p> <p>Facility Number: 003624 Provider Number: 155802 AIM Number: 200429840</p> <p>At this Emergency Preparedness survey, Providence Health Care 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 70 certified beds. At the time of the survey, the census was 59.</p> <p>Quality Review completed on 06/09/25</p>			E 0000			
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: 06/04/25</p> <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</p>			K 0000	<p>Providence Health Care is submitting this Plan of Correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any allegations contained herein. This Plan of Correction constitutes Providence Health Care's written credible allegation of compliance for the deficiencies noted to demonstrate our ongoing commitment to compliance with federal and state</p>		

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

TITLE

(X6) DATE

Mandy Lynch

Administrator

06/20/2025

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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K 0353 SS=F Bldg. 01	<p>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 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 59 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 06/09/25</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property</p>			K 0353	<p>regulations.</p> <p>Providence Health Care's policy is to ensure that sprinkler systems are inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Providence Health Care</p>		06/24/2025

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	<p>owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the annual "Sprinkler Inspection Report" documentation dated 05/21/25 during record review with the Administrator and Maintenance Director at 11:00 a.m. on 06/04/25, the following was noted in the general deficiencies section:</p> <p>a) sprinkler heads need to be changed to uprights and need to be repiped. Scaffolding will be needed to access sprinkler heads.</p> <p>b) sprinkler heads in chemical room under the pool are from 2002. They need to be replaced because of corrosive environment per NFPA 25. 8ea 200 degrees corrosive resistant upright sprinkler heads.</p> <p>Based on interview at 11:10 a.m., the Administrator stated the inspection was just completed two weeks ago, was made aware of the deficiencies and are waiting for a quote to be received for the work to be scheduled.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>was aware of the deficiency from the annual inspection report but was unable to schedule a contractor to complete the work within the two-week time frame. There is no guidance that provides a reasonable time frame for work to be completed.</p> <p>Corrective Action Taken for Residents Found to Be Affected:</p> <ul style="list-style-type: none"> ·Providence immediately contacted the contractor for a quote for scope of work and for a timeline for work to be completed. <p>Measures to Prevent Recurrence:</p> <ul style="list-style-type: none"> ·A grid ceiling was installed to make the stairwell sprinkler heads compliant. Photos provided in attachments. ·Work to replace the corrosive environment sprinkler heads is scheduled to be completed on June 24, 2025. Documentation of the planned repair is provided in the attachments. <p>Systemic Changes Implemented:</p> <ul style="list-style-type: none"> ·Given the repair is out of the scope that can be completed by internal staff members, there is no systematic change that could have prevented the deficiency. <p>Monitoring:</p> <p>Another contracted provider has been hired for more opportunity for a faster response time for deficiencies found to be corrected.</p>		

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K 0920 SS=D Bldg. 01	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 30 resident rooms did not use 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 and staff.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Administrator and Maintenance Director on 06/04/25 at 1:05 p.m., resident room 102 contained a multi-plug adaptor powering a lamp and chair. Based on interview at 1:07 p.m., the Maintenance Director agreed a multi-plug adaptor was in use in room 102 and removed it upon observation.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>			K 0920	<p>It is the policy of Providence Health Care to ensure that residents are using electrical equipment appropriately and not with the use of multi-plug adaptors.</p> <p>Corrective Action Taken for Residents Found to be Affected:</p> <ul style="list-style-type: none"> ·Immediately, on June 4th, 2025, the multi-plug adaptor was removed from the resident's room. All necessary equipment was reconnected to the permanent wall outlets in accordance with NFPA and CMS guidelines. <p>Identification of Other Residents Potentially Affected and Measures Taken:</p> <ul style="list-style-type: none"> ·A full facility-wide audit was conducted on June 4 and 5, 2025, to inspect all resident rooms, nursing stations, therapy areas, and common spaces for improper use of extension cords or multiplug adaptors. No other issues were found. <p>Systemic Changes to Ensure Compliance:</p> <ul style="list-style-type: none"> ·Staff, including nursing, maintenance, and therapy departments, received in-service training on June 6, 2025 on acceptable electrical equipment usage per NFPA 99 and CMS Life Safety Code standards. ·Communication was sent to 		06/06/2025

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					<p>resident families on June 6th, 2025, explaining which devices are not allowed in residents' rooms and instructions on who to contact if they need assistance.</p> <p>·A checklist was developed for the maintenance and administrative teams to use during routine environmental rounds to monitor for electrical safety compliance.</p> <p>Monitoring to Ensure Sustained Compliance:</p> <p>The Director of Operations or designee will perform rounding audits to ensure no inappropriate use of power cords or extensions. These audits will occur three times a week for four weeks, followed by two times a week for four weeks, and then once a week for eight weeks. The outcomes will be reviewed at the next four Quality Assurance and Performance Improvement (QAPI) meetings to determine if any further actions are warranted. Providence Health Care will regularly review, update, and amend this plan of correction as necessary to ensure ongoing compliance for no less than six months.</p>		