

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

PRINTED: 03/21/2025  
FORM APPROVED  
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155632		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 03/03/2025	
NAME OF PROVIDER OR SUPPLIER  LODGE OF THE WABASH				STREET ADDRESS, CITY, STATE, ZIP COD 723 E RAMSEY RD VINCENNES, IN 47591			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 01/15/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/03/25</p> <p>Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070</p> <p>At this PSR to the Emergency Preparedness survey, Lodge of the Wabash 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 a total capacity of 117 with 70 certified beds and had a census of 49 at the time of this visit. The entire facility was surveyed due to the lack of a 2 hour fire-rated separation.</p> <p>Quality Review completed on 03/04/25</p>			E 0000			
K 0000  Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/15/25 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/03/25</p> <p>Facility Number: 001138</p>			K 0000			

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

TITLE

(X6) DATE

Chad Smyth

RDO

03/19/2025

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 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 0921 SS=F Bldg. 01	<p>Provider Number: 155632 AIM Number: 200157070</p> <p>At this PSR to the Life Safety Code survey, Lodge of the Wabash 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), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, areas open to the corridors, and all resident sleeping rooms. The facility has a total capacity of 117 with 70 certified beds and had a census of 49 at the time of this visit. The entire facility was surveyed due to the lack of a 2 hour fire-rated separation.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a garage used as a maintenance shop and for facility storage.</p> <p>Quality Review completed on 03/04/25</p> <p>NFPA 101 Electrical Equipment - Testing and Maintenance</p> <p>Based on record review and interview, the facility failed to conduct the required maintenance and maintain complete documentation of inspections for Patient Care Related Electrical Equipment (PCREE). NFPA 99 2012 edition, sections 10.3 and 10.5 states the physical integrity, resistance, leakage current, and touch current tests for fixed</p>			K 0921	<p>The facility has completed inspections on required equipment, and documented it. Anything not passing has been tagged out and is out of service. The first week of April our vendor is scheduled to be at the building</p>		03/20/2025

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	<p>and portable PCREE is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on record review on 03/03/25 between 1:00 p.m. and 2:15 p.m. with the Administrator present, there was no documentation for the testing of PCREE, such as electric beds, oxygen concentrators, air pumps for air mattresses, and other electrical medical equipment. Based on interview at the time of record review, the Administrator said the facility has contacted an electrician to do the PCREE testing and was due in the facility tomorrow (03/04/25), but confirmed the PCREE testing has not been completed as of yet.</p> <p>This finding was reviewed with the Administrator during the exit conference.</p>				<p>to complete inspections on the equipment pulled out of service.</p> <p>The facility has a policy on doing PCREE and Preventative Maintenance. Manufacturers manuals and specifications are available to staff. Facility staff have been educated on the PCREE requirement and facility policy.</p> <p>Whenever a required healthcare related piece of equipment has parts replaced, or there is a new piece of equipment, the unit will be inspected to ensure it has been tested and tagged per manufacturers guidelines.. Inspections per manufacturer guidelines will be conducted and documented Monthly, for 3 months, the Administrator will review the service log to ensure compliance</p> <p>Any negative findings will be referred to the facility Quality Assurance/ Performance Improvement committee.</p>		

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	This deficient practice was cited on 01/15/25. The facility failed to implement proper corrective action.  3.1-19(b)						