

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

PRINTED: 06/30/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155385	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 06/13/2023
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NAME OF PROVIDER OR SUPPLIER CAMELOT CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COD 1555 COMMERCE ST LOGANSPORT, IN 46947
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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: 06/13/23</p> <p>Facility Number: 000466 Provider Number: 155385 AIM Number: 100289810</p> <p>At this Emergency Preparedness survey, Camelot Care Center 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 91 certified beds. At the time of the survey, the census was 86.</p> <p>Quality Review conducted on 06/16/23</p>	E 0000	/p>	
K 0000 Bldg. 02	<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: 06/13/23</p> <p>Facility Number: 000466 Provider Number: 155385 AIM Number: 100289810</p> <p>At this Life Safety Code survey, Camelot Care Center was found not in compliance with</p>	K 0000	/p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
James D. Sizemore	HFA/Administrator	06/29/2023

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 0321 SS=E Bldg. 02	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(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 fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and battery powered smoke detectors in all resident sleeping rooms. The facility is protected by a Type I EES diesel powered generator which supports the vent unit in rooms 33 through 40. The facility has a capacity of 91 and had a census of 86 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for an aluminum shed used for storage which was not sprinklered.</p> <p>Quality Review conducted on 06/16/23</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</p>			

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	<p>do not exceed 48 inches from the bottom of the door.</p> <p>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</p> <p>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)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 conference/storage rooms with large amounts of combustible storage and greater than 50 square feet was protected as a hazardous area. This deficient practice could affect 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the Maintenance Director and Administrator on 06/13/23 at 9:48 a.m., the conference room contained over 20 boxes of supplies and was greater than 50 square feet making this a hazardous area. The room was not protected as a hazardous area because the corridor door to the room was not self-closing or automatic closing. Based on interview at the time of observation, the Maintenance Director stated the conference room contained large amount of combustible storage, was larger than 50 square</p>	K 0321	<p>K321 Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>1. No Resident was affected by the deficient practice.</p> <p>2. All Residents have the potential to be affected by the deficient practice.</p> <p>3. All boxes that were present in the conference room at the time of the survey were removed immediately following the survey. The maintenance supervisor (MS) installed on 06/28/2023 a self-closing mechanism to the conference room door should boxes be placed in the conference room. (See attachment A-1).</p>	06/30/2023

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K 0712 SS=F Bldg. 02	<p>feet, and the corridor door to the room was not self-closing.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p>		<p>4. A facility wide inspection was completed on 06/13/2023 with no additional findings of rooms without a self-closing mechanism that is being used as a storage room. The MS or designee will complete monthly inspections of self-closing mechanisms in conjunction with the preventative maintenance schedule (See attachment A-2) to ensure the self-closing mechanism remains in place and functioning for the rooms with self-closing devices installed. Results of these monthly inspections will be reviewed during the facility monthly Quality Assurance meetings. Should any deficient practice be identified at the time of the monthly inspection, corrections will be made immediately.</p> <p>5. Date of completion 06/30/2023</p>	

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K 0741 SS=E Bldg. 02	<p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct fire drills on each shift for 3 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. This deficient practice affects all staff and residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 06/13/23 at 10:02 a.m., the following shifts were missing documentation of a completed fire drill:</p> <p>a) A second shift fire drill in the second quarter of 2022. b) A second shift fire drill in the third quarter of 2022. c) A third shift fire drill in the fourth quarter of 2022.</p> <p>Based on interview at the time of record review, both Maintenance Directors stated there were three drills completed on each quarter but not on each shift.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions:</p>	K 0712	<p>K712 Fire Drills - CFR(s): NFPA 101</p> <p>1. No Resident was affected by the deficient practice.</p> <p>2. All Residents have the potential to be affected by the deficient practice.</p> <p>3. Provider did complete all 12 fire drills in the as evidenced by the 12 fire drills.</p> <p>4. The maintenance supervisor (MS) or designee will conduct monthly fire drills in accordance with the established schedule to ensure fire drills are conducted at random times and on each shift for the quarter. The completed fire drills will be reviewed during the facility monthly Quality Assurance Committee meetings to ensure compliance of the drill being conducted per the schedule. Should any deficient practice be identified, corrective actions will be made immediately, same day to ensure the fire drill is completed.</p> <p>5. Date of completion: 06/30/2023</p>	06/30/2023

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	<p>(1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p> <p>(2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>Based on observation, records review, and interview, the facility failed enforce 1 of 1 non-smoking policies. This deficient practice could affect staff around the employee exit.</p> <p>Findings include:</p> <p>Based on observations upon arrival to the facility on 06/13/23 at 9:17 a.m., smoking on property was evident due to at least 20 cigarette butts on the ground around the employee exit, a non-smoking area. Based on records review with the Maintenance Director at 10:00 a.m., the smoking policy stated a smoking area will be established if</p>	K 0741	<p>K741 Smoking Regulations - CFR(s): NFPA 101</p> <p>1. No Resident was affected by the deficient practice</p> <p>2. All Residents have the potential to be affected by this deficient practice.</p> <p>3. All cigarette butts identified on the survey were immediately removed and disposed of on 06/13/2023 by the maintenance</p>	06/30/2023

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K 0754 SS=E Bldg. 02	<p>the facility allows smoking. Based on interview at the time of observation and records review, the Maintenance Director stated the facility chose to be a non-smoking campus and the Administrator had the cigarette butts the ground outside the employee exit picked up.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Soiled Linen and Trash Containers Soiled Linen and Trash Containers Soiled linen or trash collection receptacles shall not exceed 32 gallons in capacity. The average density of container capacity in a room or space shall not exceed 0.5</p>		<p>supervisor.</p> <p>4. All staff were re-educated on 06/22/2023 on the facility smoking policy and designated smoking sites. (See attachment C-1 In-service Education and C-2 picture of designated smoking site). Additionally, a cigarette butt disposal can was purchased and installed on 06/22/2023 with additional signage indicating the correct method of disposing of their cigarette butts. The maintenance supervisor (MS) or designee will conduct weekly inspections of the parking lot and entrances to ensure no further cigarette butts are identified in conjunction with his weekly preventative maintenance schedule (See attachment A-2). Findings of his inspections will be presented during the facility monthly Quality Assurance Committee meetings. Any deficient practice identified during these inspections will be corrected immediately and re-education provided to all staff.</p> <p>5. Date of completion: 06/30/2023</p>	

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	<p>gallons/square feet. A total container capacity of 32 gallons shall not be exceeded within any 64 square feet area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gallons shall be located in a room protected as a hazardous area when not attended.</p> <p>Containers used solely for recycling are permitted to be excluded from the above requirements where each container is less than or equal to 96 gallons unless attended, and containers for combustibles are labeled and listed as meeting FM Approval Standard 6921 or equivalent.</p> <p>18.7.5.7, 19.7.5.7</p> <p>Based on observation and interview, the facility failed to ensure trash receptacles in 1 of 4 corridors were maintained in accordance with 19.7.5.7. This deficient practice could affect staff and up to 20 residents in one smoke compartment.</p> <p>Findings include:</p> <p>Based on observations with the Administrator on 06/13/23 at 9:20 a.m., there were five 20-gallon soiled linen hampers side by side outside of laundry. Based on interview at the time of observation, the Administrator agreed the five hampers exceeded 33-gallon in a 64 square foot and had the hampers removed.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>	K 0754	<p>K754 Soiled Linen and Trash Containers - CFR(s) - NFPA 101</p> <ol style="list-style-type: none"> 1. No Resident was affected by the deficient practice. 2. All Residents have the potential to be affected by the deficient practice. 3. All hampers were removed immediately by the housekeeping/laundry supervisor. 4. All laundry staff and all staff were re-educated on the appropriate storage procedure for the laundry hampers on 06/22/2023 (See attachment C-1). Signage was posted (See attachment D-1) indicating that the location outside the laundry room was a no parking zone for the hampers. Hampers, when not in use, will be placed inside a 	06/30/2023

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			<p>storage room with a self-closing mechanism. The housekeeping/laundry supervisor or designee will conduct x3 days/x4 weeks inspections (See attachment D-2) of proper storage of the hampers. These inspections will then drop to weekly x4 weeks, then monthly x3 months and continue until compliance is achieved. The findings of these inspections will be turned into the facility Quality Assurance Committee for review. Any deficient practice identified during the audits will be corrected immediately and re-education provided.</p> <p>5. Completion date: 06/30/2023</p>		