

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

PRINTED: 06/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155600		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 05/24/2024	
NAME OF PROVIDER OR SUPPLIER MULBERRY HEALTH & REHABILITATION CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 502 W JACKSON ST MULBERRY, IN 46058			
(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>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 05/24/24</p> <p>Facility Number: 000470 Provider Number: 155600 AIM Number: 100289210</p> <p>At this Emergency Preparedness survey, Mulberry Health and Rehabilitation 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 149 certified beds. At the time of the survey, the census was 128.</p> <p>Quality Review completed on 05/31/24</p>			E 0000	<p>Mulberry Health respectfully request paper compliance in lieu of an onsite follow up survey.</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: 05/24/24</p> <p>Facility Number: 000470 Provider Number: 155600 AIM Number: 100289210</p> <p>At this Life Safety Code survey, Mulberry Health</p>			K 0000	<p>Mulberry Health respectfully request paper compliance in lieu of an onsite follow up survey.</p>		

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

TITLE

(X6) DATE

Heidi Wallar

Executive Director

06/12/2024

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 0355 SS=F Bldg. 01	<p>and Rehabilitation Center 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 (111) construction and was fully sprinklered with a partial basement. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in 59 resident sleeping rooms in the original portion of the facility and hard-wired smoke detectors in the other 27 resident rooms. The facility has a capacity of 149 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 including the detached records building with the exception of a detached storage shed that was not sprinklered.</p> <p>Quality Review completed on 05/31/24</p> <p>NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 Based on observation and interview, the facility failed to inspect 28 of 28 portable fire extinguishers throughout the facility each month. NFPA 10, Standard for Portable Fire Extinguishers,</p>			K 0355	<p>All residents had the potential to be affected. No residents were negatively affected. All fire extinguishers have been</p>		06/24/2024

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	<p>Section 7.2.1.2 states fire extinguishers shall be inspected either manually or by means of an electronic device / system at a minimum of 30-day intervals. Section 7.2.2 states periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items:</p> <ul style="list-style-type: none">(1) Location in designated place(2) No obstruction to access or visibility(3) Pressure gauge reading or indicator in the operable range or position(4) Fullness determined by weighing or hefting for self-expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks(5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers(6) Indicator for nonrechargeable extinguishers using pushto-test pressure indicators. <p>Section 7.2.4.1 states personnel making manual inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. Section 7.2.4.3 requires where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded.</p> <p>Section 7.2.4.4 requires where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method.</p> <p>Section 7.2.4.5 requires records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. This deficient practice could affect all residents, staff, and visitors within the facility.</p> <p>Findings include:</p> <p>Based on an observations made with the Maintenance Director during a tour of the facility</p>				<p>inspected and up to date.</p> <p>Maintenance supervisor will be responsible to ensure that monthly inspections of the fire extinguishers are completed.</p> <p>A CQI tool will be completed monthly to ensure compliance.</p> <p>Maintenance supervisor will report monthly to the facilities CQI team on the results of the audits, and any actions necessary to ensure 100% compliance.</p>		

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K 0920 SS=E Bldg. 01	<p>on 05/24/24 from 11:01 a.m. to 1:31 p.m., the monthly inspection tag on all 28 of the portable fire extinguishers located throughout the facility lacked documentation of a monthly inspections for the month of April in 2024. This was acknowledged by the Maintenance Director at the time of the observations who stated that he must have overlooked the inspections.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director at the exit conference on 05/24/24.</p> <p>3.1-19(b)</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) assemblies 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 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</p>						

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	<p>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 Assistant D.O.N.'s office 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 2 staff within the facility.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director during a tour of the facility on 05/24/24 at 1:30 p.m., there was a power strip located in the Assistant D.O.N.'s office with a mini-fridge and a microwave oven plugged in to it. Based on interview at the time of the observation, the Maintenance Director acknowledged the power strip usage, adding that he would speak to the Assistant D.O.N. as soon as he could about it.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director at the exit conference on 05/24/24.</p> <p>3.1-19(b)</p>			K 0920	<p>All residents had the potential to be affected. No residents were negatively affected.</p> <p>The power strip identified in the survey have been removed.</p> <p>A CQI audit tool will be completed quarterly to monitor power strip usage and ensure no multi-plug adapters are in use. Maintenance Supervisor will report to the facilities Quality Assurance committee on the results of the audits, and any actions necessary to ensure 100% compliance.</p>		06/24/2024