STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155631	A. BUILDING -- B. WING	05/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
WHITE RIVER LODGE	3710 KENNY SIMPSON LN BEDFORD, IN 47421

(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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 05/04/23 Facility Number: 001153 Provider Number: 155631 AIM Number: 200155900 At this Emergency Preparedness survey, White River Lodge was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a total capacity of 84 with 74 certified beds and 10 Assisted Living beds. The facility had a total census of 42 at the time of this visit. The entire facility was surveyed due to the lack of a 2 hour fire-rated separation between the Skilled Unit and the Assisted Living Unit. Quality Review completed on 05/08/23	E 0000	Compliance was met per surveyor	
E 0041 SS=C Bldg. --	482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e)			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Tangie Jenkins	RN, BSN, HFA	05/20/2023

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	(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by			

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	reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October			

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	22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..			
	Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2). This deficient practice could affect all occupants. Findings include: Based on record review with the Maintenance Director on 05/04/23 from 10:45 a.m. to 1:30 p.m., documentation of one week of weekly generator testing was not available for review. The week of 03/20/23 was not available for review. Based on an interview at the time of record review, the Maintenance Director confirmed the aforementioned week of weekly generator testing was not documented. This finding was reviewed with the Administrator and Maintenance Director at the exit conference.	E 0041	**E 041 …. LTC Emergency Power** Facility does inspect, test and maintain emergency generator. No residents were affected. Maintenance Director was reeducated on Preventative Maintenance documentation specific to weekly generator testing on 5/5/23 Administrator or designee will review documentation to ensure weekly generator testing complete x 8 weeks then monthly for an additional 2 months to ensure ongoing compliance. Negative findings will be reported to QAPI. Substantial Compliance 5/5/23	05/05/2023
K 0000 Bldg. 01	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). Survey Date: 05/04/23	K 0000	Compliance was met per surveyor	

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	155631	A. BUILDING 01 B. WING	05/04/2023

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	Facility Number: 001153 Provider Number: 155631 AIM Number: 200155900 At this Life Safety Code survey, White River Lodge 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. This one story facility was determined to be of Type II (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident sleeping rooms. The facility has a total capacity of 84 with 74 certified beds and 10 Assisted Living beds. The facility had a total census of 42 at the time of this visit. The entire facility was surveyed due to the lack of a 2 hour fire-rated separation between the Skilled Unit and the Assisted Living Unit. All areas where the residents have customary access were sprinklered, and all areas providing facility services were sprinklered. Quality Review completed on 05/08/23			
K 0324 SS=E Bldg. 01	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small			

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	appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2			
	Based on observation and interview, the facility failed to ensure the cook tops in 1 of 1 activities rooms was shut off at the switch when not in use. LSC 19.3.2.5.4 states within a smoke compartment, residential or commercial cooking equipment that is used to prepare meals for 30 or fewer persons shall be permitted, provided that the cooking facility complies with all the following conditions: (1) The space containing the cooking equipment is not a sleeping room. (2) The space containing the cooking equipment shall be separated from the corridor by partitions complying with 19.3.6.2 through 19.3.6.5. (3) The requirements of 19.3.2.5.3(1) through (10) and (13) are met. 19.3.2.5.3(9) states A switch meeting all the following is provided: (a) A locked switch, or a switch located in a restricted location, is provided within the cooking facility that deactivates the cooktop or range. (b) The switch is used to deactivate the cooktop or range whenever the kitchen is not under staff supervision.	K 0324	**K 324 Cooking Facilities** Facility does have switch in restricted panel to deactivate the cooktop range in activity room. No residents were affected. Activity staff counseled for not deactivating cooktop. Reeducation on safe use of cooktop range in activity room specific to switch use to deactivate when not in use. Maintenance Director or designee will audit cooktop range for switch deactivation daily for 4 weeks, then weekly for 4 weeks then monthly for an additional 2 months to ensure ongoing compliance. Negative findings will be reported to QAPI. Substantial Compliance 5/5/23	05/05/2023

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	This deficient practice could affect at least 10 residents and staff while in the Activities Room. Findings include: Based on observation on 05/04/23 at 2:00 p.m. during a tour of the facility with the Maintenance Director and Administrator, there was a cooktop stove in the Activities Room. When checked, and not in use, the stove top appliance was not deactivated from the individual cooktop power source. Based on interview at the time of observation, the Maintenance Director confirmed the cooktop stove was not deactivated when not in use. This finding was reviewed with the Administrator and Maintenance Director during the exit conference. 3.1-19(b)			
K 0372 SS=E Bldg. 01	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility	K 0372	**K 372 Smoke Barrier**	05/05/2023

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	failed to ensure the penetrations caused by the passage of wire and/or conduit through two of two smoke barrier walls were protected to maintain the smoke resistance of each smoke barrier. LSC Section 8.5.6.2 requires penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the movement of smoke. This deficient practice could affect staff and at least 20 residents in three smoke compartments. Findings include: Based on observations with the Maintenance Director on 05/04/23 during a tour of the facility from 1:30 p.m. to 2:25 p.m. the following unsealed penetrations were discovered: a. In the smoke wall above the drop ceiling by resident room 404, there was an inch unsealed gap around a penetration that had four cables passing through the wall. b. In the smoke wall above the drop ceiling by resident room 302, there was an inch unsealed gap around a penetration that had four cables passing through the wall. Based on interview at the time of the observations, the Maintenance Director confirmed the aforementioned smoke walls contained unsealed penetrations. This finding was reviewed with the Administrator and Maintenance Director during the exit conference.		Facility does ensure smoke barrier walls protected to maintain smoke resistance with material capable to restrict movement of smoke. Identified penetrations were immediately sealed with appropriate material and all smoke barrier walls checked with no other issues found. No residents were affected. Maintenance Director was reeducated on Firewall penetration on 5/5/23. Maintenance Director or designee will audit all smoke barrier walls after all cabling work and after any outside contractor performs work above the drop ceiling to ensure no open penetrations on going. Negative findings will be reported to QAPI. Substantial Compliance 5/5/23	

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	3.1-19(b)			
K 0918 SS=C Bldg. 01	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)			

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	Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 1 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS) including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors. Findings include: Based on record review with the Maintenance Director on 05/04/23 from 10:45 a.m. to 1:30 p.m., documentation of one week of weekly generator testing was not available for review. The weeks of 03/20/23 was not available for review. Based on an interview at the time of record review, the Maintenance Director confirmed the aforementioned week of weekly generator testing was not documented. This finding was reviewed with the Administrator and Maintenance Director at the exit conference. 3.1-19(b)	K 0918	**K 918 Essential Electrical Systems** Facility does inspect, test and maintain emergency generator with applicable components exercised No residents were affected. Maintenance Director was reeducated on Preventative Maintenance documentation specific to weekly generator maintenance, inspection and testing on 5-5-23. Administrator or designee will review documentation to ensure weekly generator testing complete x 8 weeks then monthly for an additional 2 months to ensure ongoing compliance. Negative findings will be reported to QAPI. Substantial Compliance 5/5/23	05/05/2023