

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

PRINTED: 05/15/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155758		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 04/23/2024	
NAME OF PROVIDER OR SUPPLIER ASBURY TOWERS HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 102 W POPLAR ST GREENCASTLE, IN 46135			
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E 0000 Bldg. --	A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 03/04/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 04/23/24 Facility Number: 001120 Provider Number: 155758 AIM Number: 200525120 At this PSR survey, Asbury Towers Health Care Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 48 certified beds. At the time of the survey, the census was 17. Quality Review completed on 04/26/24			E 0000			
E 0041 SS=F 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) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power						

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

TITLE

(X6) DATE

Audra Rose

RN, DON

05/13/2024

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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	<p>systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§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.</p> <p>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.</p> <p>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.</p> <p>*[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 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</p>						

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	<p>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.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p>						

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K 0000 Bldg. 02	<p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>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.</p> <p>Findings include:</p> <p>Based on review of monthly generator inspection sheet with the Executive Director and Maintenance Assistant on 04/23/2024 between 2:00 p.m. and 3:50 p.m., the monthly generator inspection sheet for 03/07/24 and 04/04/24 were missing the transfer time, load percentage, and cool down time from the report. Based on interview at the time of record review, the Maintenance Assistant stated the generator runs automatically on the first Tuesday of the month and confirmed the transfer time, cool down time and load percentage was not documented on the monthly load tests.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>This deficiency was cited 03/04/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>			E 0041	<p>1. The Maintenance Director updated the monthly generator inspection sheet to record the generator transfer times, load percent, and cool down times. This inspection sheet will be used for all future monthly generator inspections.</p> <p>2. On the first Thursday of each month the Maintenance Director or designee will ensure that monthly generator inspection sheet is completed in its entirety and that compliance is maintained.</p> <p>3. The results will be followed by QAPI monthly ongoing.</p>		05/13/2024
	A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey			K 0000			

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	<p>conducted on 03/04/24 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 04/23/24</p> <p>Facility Number: 001120 Provider Number: 155758 AIM Number: 200525120</p> <p>At this PSR survey, Asbury Towers Health Care 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 facility was located on the ground and first floors of a four-story building and surveyed as one building since the construction dates of the original building and an addition were built prior to March 1, 2003. The facility was determined to be of Type II (222) construction and was fully sprinklered. The facility identifies the ground floor as HCC Comprehensive Care Unit 1 and the first floor as Comprehensive Care Unit II. The facility also has a partial basement. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. All resident rooms have battery powered smoke detection except rooms 9 through 22 on the south wing of the ground floor. Hard wired smoke detectors in resident rooms 117, 118, and rooms 9 through 22 alarm at the smoke detector only.</p> <p>The facility has 48 certified beds. At the time of the survey, the census was 17.</p>						

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K 0311 SS=E Bldg. 02	<p>Quality Review completed on 04/26/24</p> <p>NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. Based on record review and interview, the facility failed to ensure the protection of 1 of 3 stairwells in accordance with Section 19.3.1. LSC 19.3.1.1 states where enclosure is provided, the construction shall have not less than a 1-hour fire resistance rating. LSC 8.3.4.2 states the fire protection rating for opening protectives shall be in accordance with Table 8.3.4.2 except as otherwise permitted in 8.3.4.3 or 8.3.4.4. Table 8.3.4.2 requires fire door assemblies in vertical shafts, including stairways, to have a 1-hour fire resistance rating. LSC 8.3.4.3 states existing fire door assemblies having a minimum ¾-hour fire protection rating shall be permitted to continue to be used in vertical openings and exit enclosures in lieu of the minimum 1-hour fire protection rating required in Table 8.3.4.2. This deficient practice could affect all residents on the first floor when occupied, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review and interview with the</p>			K 0311	<p>1. On 4/26/24 the door referred to in this citation was replaced with a 90-minute fire rated door. 2. The Maintenance Director or designee will complete annual audits to check door function, hinges, and fire rating plate. 3. The audit will be discussed during QAPI ongoing.</p>		05/13/2024

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K 0918 SS=F Bldg. 02	<p>Executive Director on 04/23/2024 between 2:00 p.m. and 3:50 p.m., the ground floor center stairwell still lacked a fire resistive rating tag on the door. An approved estimate dated 04/10/24 from the company doing the door work was reviewed that stated a lead time of 3-4 weeks for ordering a 90 minute steel door, and to remove/replace door. An email from the company contracted for the door dated 04/22/24 stated 'this is confirmation that we have you scheduled for Friday, April 26th at 10:00 am to replace the fire door.' Based on interview at the time of record review, the Executive Director stated the 3-4 week lead time for the fire door was out of their control and is scheduled to be replaced in three days on 04/26/24.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>This deficiency was cited 03/04/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>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.</p>						

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	<p>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)</p> <p>1. Based on record review and interview, the facility failed to document the transfer time to the alternate power source on the monthly load tests for 2 of the past 12 months to ensure the alternate power supply was capable of supplying service within 10 seconds. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review on 04/23/2024 between 2:00 p.m. and 3:50 p.m. with the Executive Director and Maintenance Assistant, the Monthly Generator Inspection sheets for 03/07/24 and 04/04/24 were reviewed and lacked the transfer time from normal power to emergency power.</p>			K 0918	<p>1. The Maintenance Director updated the monthly generator inspection sheet to record the generator transfer times, load percent, and cool down times. This inspection sheet will be used for all future monthly generator inspections.</p> <p>2. On the first Thursday of each month the Maintenance Director or designee will ensure that monthly generator inspection sheet is completed in its entirety and that compliance is maintained.</p> <p>3. The results will be followed by QAPI monthly ongoing.</p>		05/13/2024

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	<p>Based on interview at the time of record review, the Executive Director confirmed the transfer time was not written on the Generator Log Sheets Load Tests for the months of March and April 2024.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>This deficiency was cited 03/04/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to exercise the generator for 2 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all</p>						

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	<p>occupants.</p> <p>Findings include:</p> <p>Based on review of generator load testing documentation with the Executive Director and Maintenance Assistant on 04/23/2024 from 2:00 p.m. to 3:50 p.m., the load information to show the actual load percentage for the diesel powered generator was not documented for 03/07/24 and 04/04/24. Based on interview at the time of record review, the Executive Director agreed there was no documentation of the load percentage on the monthly generator inspection sheets.</p> <p>This finding was reviewed with the Executive Director at the time of the exit conference.</p> <p>This deficiency was cited 03/04/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was allowed a 5 minute cool down period after a load test. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110, 6.2.10 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents,</p>						

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	<p>as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with the Executive Director and Maintenance Assistant on 04/23/2024 between 2:00 p.m. and 3:50 p.m., the generator log form for 03/07/24 and 04/04/24 documented the generator was tested monthly, however there was no documentation on the form that showed the generator had a cool down time following its load test. Based on interview at the time of record review, the Executive Director confirmed the aforementioned condition.</p> <p>This finding was reviewed with the Executive Director at the exit conference.</p> <p>This deficiency was cited 03/04/24. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>						