STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155632	A. BUILDING -- B. WING	01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
LODGE OF THE WABASH	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. --	An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73. Survey Date: 01/09/24 Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070 At this 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 The facility has a total capacity of 117 with 70 certified beds and had a census of 50 at the time of this visit. Quality Review completed on 01/11/24	E 0000	Preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care. The Facility respectfully requests that a 'Desk Review' be conducted.	
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).	K 0000	Preparation and execution of this plan of correction does not constitute admission or agreement by this facility of the truth of the facts	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Greg Matheis	HFA	01/25/2024

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determin other safegaurds 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 disclo 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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	Survey Date: 01/09/24 Facility Number: 001138 Provider Number: 155632 AIM Number: 200157070 At this 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. 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 50 at the time of this visit. The entire facility was surveyed due to the lack of a 2 hour fire-rated separation. 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. Quality Review completed on 01/11/24		alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and executed solely because the provisions of Federal and State law require it. The facility maintains that the alleged deficiencies do not individually or collectively jeopardize the health and safety of residents nor are they of such character as to limit the facility's capacity or render adequate care. The Facility respectfully requests that a 'Desk Review' be conducted.	
K 0363 SS=D Bldg. 01	NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch			

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	solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.			
	Based on observation and interview, the facility failed to ensure 2 of over 30 resident room corridor doors on the southwest wing were provided with a means suitable for keeping the door closed, had	K 0363	New doorknobs were installed on the doors to rooms 216 and 408 to ensure proper latching. All other corridor door knobs were	01/11/2024

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	no impediment to closing, latching and would resist the passage of smoke. This deficient practice could affect 2 residents in two smoke compartments. Findings include: Based on observation with the Maintenance Supervisor and Administrator on 01/09/24 at 12:55 p.m. and 1:15 p.m., the corridor doors to resident rooms 408 and 216 did not latch into the frame when tested three times. Based on interview at the time of observations, the Maintenance Supervisor confirmed that the doors to resident rooms 408 and 216 did not latch after testing multiple times. The finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference. 3.1-19(b)		inspected to ensure all were properly latching. The facility Maintenance Director was educated on the requirements of corridor doors properly closing and latching. The Administrator or designee will audit all facility corridor doors monthly for 3 months to ensure proper latching. Any negative findings from audits will be presented to the facility Quality Assurance Performance Improvement (QAPI) Committee.	
K 0712 SS=F Bldg. 01	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. 19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct quarterly fire drills on the second shift for 1 of 4 quarters. This deficient	K 0712	A Fire Drill was conducted on 2nd shift and at a time later in the day for the month of January 2024 and	01/18/2024

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	practice affects all staff and residents. Findings include: Based on review of "Fire Drill Report" documentation with the Maintenance Supervisor during record review from 10:20 a.m. to 12:45 p.m. on 01/09/24, documentation of a second shift fire drill conducted in the third quarter (July, September, October) of 2023 was not available for review. Based on interview at the time of record review, the Maintenance Supervisor agreed documentation of a second shift fire drill conducted in the fourth quarter of 2023 was not available for review. This finding was reviewed with the Administrator and Maintenance Supervisor during the exit conference. 3.1-19(b) 3.1-51(c)		documentation of the drill and staff participation was recorded and placed in the Life Safety binder. The Maintenance Director was educated on the requirement of conducting and documenting fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift.. The Administrator or designee will audit the fire drills monthly for 6 months to ensure compliance of this code. Any negative finding will be presented to the facility QAPI Committee.	
K 0918 SS=F 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			

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	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)			
	1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 12 of the past 12 months. 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. Chapter 6.4.4.2 of NFPA 99 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:	K 0918	The required load tests on the generator were conducted in January 2024 and the cool down time, the transfer time, and load test percentage were properly recorded on “Generator Load Testing” form. The facility Maintenance Director will conduct the load testing of the generator monthly as required and will document the cool down, transfer times, and load test percentage on the “Generator Load Testing” form. The Maintenance Director was educated on the requirement to conduct load tests monthly and to record the cool down and transfer time, and load test percentage on the “Generator	01/11/2024

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	Based on record review on 01/09/24 between 10:20 a.m. and 12:45 p.m. with the Maintenance Supervisor, the Generator Monthly Load Test form only had a check mark for several required pertinent items, such as, load percentage, Amps, and Voltage readings for the last twelve months. Based on interview at the time of record review, the Maintenance Supervisor stated he began his position in July 2023 and agreed there was pertinent documentation not provided on the monthly generator load test form such as the actual load percentage. This finding was reviewed with the Administrator and Maintenance Supervisor at the exit conference. 3.1-19(b) 2. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of the last 12 months. 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 8.4.2 requires diesel generator sets in service to be exercised at least once monthly, for a minimum of 30 minutes. Chapter 6.4.4.2 of NFPA 99 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 occupants. Findings include: Based on record review with the Maintenance		Load Testing" form. The Administrator or designee will audit the ""Generator Load Testing" form monthly for 6 months to ensure continued compliance. Any negative finding will be presented to the facility QAPI Committee.	

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	Supervisor on 01/09/24 at 8:46 a.m., documentation for October 2023 monthly load testing was incomplete. The Generator Monthly Load Test documentation did not have a start and stop time for how long the generator ran under load for the month of October 2023, so it could not be determined at the time of the survey if the generator ran under load for the required 30 minute minimum. Based on an interview at the time of record review, the Maintenance Supervisor confirmed there was no documented time the generator ran under load for October 2023. This finding was reviewed with the Administrator and Maintenance Supervisor at the exit conference. 3.1-19(b) 3. 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 12 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. Findings include: Based on record review on 01/09/24 between 10:20 a.m. and 12:45 p.m. with the Maintenance Supervisor, the "Generator - Monthly Load Test" documentation was reviewed and they lacked the detailed transfer time from normal power to emergency power. On the documentation, there was either a check mark or initials on the line 'Load Transferred within ten seconds'. It was unable to be determined if the generator was able to transfer over within the 10 second requirement. Based on interview at the time of record review, the			

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	Maintenance Supervisor agreed that the transfer times were not properly documented and unable to verify if the generator transferred power within the 10 second requirement. This finding was reviewed with the Administrator and Maintenance Supervisor at exit conference. 3.1-19(b) 4. 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, as well as staff and visitors in the facility. Findings include: Based on record review with the Maintenance Supervisor on 01/09/24 from 10:20 a.m. to 12:45 p.m., the 'Generator Monthly Load Test' form documented the generator was tested monthly for at least 30 minutes under load, 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 Maintenance Supervisor confirmed that a required mimimum five minute cool down			

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	time was not documented on the monthly load test documentation. This finding was reviewed with the Administrator and Maintenance Supervisor at the exit conference. 3.1-19(b)			