STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155073	A. BUILDING -- B. WING	01/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
PILGRIM MANOR	222 PARKVIEW ST PLYMOUTH, IN 46563

(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: 01/17/24 Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260 At this Emergency Preparedness survey, Pilgrim Manor was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 78 certified beds. At the time of the survey, the census was 54. Quality Review completed on 01/19/24	E 0000		
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: 01/17/24 Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260 At this Life Safety Code survey, Pilgrim Manor was found not in compliance with Requirements	K 0000	Please accept the attached plan of correction as credible allegation of compliance to the deficiencies cited during this inspection. Pilgrim Manor submits this plan of correction (POC) in accordance with specific regulatory requirements. The submission of the POC does not indicate an admission by Pilgrim Manor that the findings and allegations contained herein are accurate and true representations of the quality	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Lori A. Smith	Administrator	01/30/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155073	A. BUILDING 01 B. WING	01/17/2024

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	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. Building 1 is a one story original constructed facility determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has 78 certified beds. The facility had a census of 54 at the time of this survey. All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered except for three detached buildings which are a maintenance building, a freezer and the laundry for the facility. Quality Review completed on 01/19/24		of care and services provided to the residents of Pilgrim Manor. The Medical Director, Byron M. Holm has reviewed the 2567 and the Plan of Correction.	
K 0353 SS=F Bldg. 01	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____			

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	155073	A. BUILDING 01 B. WING	01/17/2024

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	c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 1. Based on record review and interview, the facility failed to maintain 1 of 2 automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all sprinkler systems shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents and staff. Findings include: Based on records review of documentation titled Dry/Wet Sprinkler System Inspection Report dated 07/13/23 with Maintenance Director on 01/17/24 between 09:30 a.m. and 12:00 p.m., under the deficiencies section on page one of the report; it was determined that the standard response sprinkler heads in the main hallway were dated 1969 which are due for representative testing. Upon further investigation, documents obtained from the Maintenance Director indicated that 1 of the 4 sprinkler heads sample tested had failed. The	K 0353	1 No residents were affected by this alleged deficient practice. 2 All residents in section 1 had the ability to be affected by this alleged deficient practice; however, no one was affected by this alleged deficient practice. 3 There were 146 sprinkler heads that are in section 1 and are being replaced. As of 1-30-24 the replacement has started with the first 40 sprinkler heads. They will continue to be replaced and all will be replaced by 2-25-24. 4 The QAPI team will review any sprinkler inspection reports to ensure any negative outcomes will be completed ASAP, and at least within 30 days on a monthly basis (See Exhibit 1). The Monthly QAPI team consists of: Administrator, Maintenance Director, Director of Nursing, Unit Managers (3), Infection Preventionist, Environmental Director, Medical Records, Activity Director and Dietary Manager. It will be reviewed in our Quarterly QAPI meetings, which include all the above and the Medical Director and Pharmacy Consultant. 1 No residents were affected by this alleged deficient practice.	02/25/2024

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	155073	A. BUILDING 01 B. WING	01/17/2024

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	sprinkler company had forwarded an email and quote to the facility to replace approximately 146 standard response sprinkler heads within the facility due to the failed testing. Based on interview at the time of record review, the Maintenance Director confirmed that the representative sample testing had failed and will start the process of replacing the sprinkler heads once the sprinkler company is contacted. Findings were discussed with the Maintenance Director and Administrator at exit conference 3.1-19(b) 2. Based on observation and interview, the facility failed to replace 1 of 1 sprinkler heads in areas with moisture in accordance with LSC 9.7.5. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect approximately 15 residents and staff. Findings include: Based on observation during a tour of the facility with the Maintenance Director on 01/17/24 between 12:02 p.m. and 1:51 p.m. the House Keeping closet near the main dining area had one sprinkler head that had excessive corrosion and visibly green on the ceiling. Based on interview at the time of observation, the Maintenance Director		2 All residents in section 1 could have been affected by this alleged deficient practice; however, no one was affected by this alleged deficient practice. 3 The corroded sprinkler head has been replaced, as of 1-30-24 (See Exhibit 2). All sprinkler heads will be inspected, on a monthly basis for corrosion, dust, paint or dirt that would impede the sprinkler head (See Exhibit 3). The Maintenance Director will review his inspection of the sprinkler heads, in the Monthly QAPI meeting (See Exhibit 1). 4 The Monthly QAPI team consists of: Administrator, Maintenance Director, Director of Nursing, Unit Managers (3), Infection Preventionist, Environmental Director, Medical Records, Activity Director and Dietary Manager. It will be reviewed in our Quarterly QAPI meetings, which include all the above and the Medical Director and Pharmacy Consultant.	

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	acknowledged the sprinkler head and agreed that there were obvious signs of corrosion. Findings were discussed with the Maintenance Director at exit conference. 3.1-19(b)			
K 0511 SS=E Bldg. 01	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 Based on observation and interview, the facility failed to ensure 1 of 1 wet locations in the main dining room were provided with ground fault circuit interrupter (GFCI) protection against electric shock. LSC 19.5.1.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. NFPA 70, NEC 2011 Edition at 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel, states, ground-fault circuit-interruption for personnel shall be provided as required in 210.8(A) through (C). The ground-fault circuit-interrupter shall be installed in a readily accessible location. (B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(B)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms (2) Kitchens	K 0511	1 1. No resident was affected by this alleged deficient practice. 2 2. All residents that utilize the sink in the Main Dining Room had the ability to be affected by this alleged deficient practice. 3 3. There was only 1 outlet in the Main Dining Room that was within 6' of the sink; however, both outlets have been replaced with a GFCI outlet, (See Exhibit All areas that are near water have been inspected to ensure all have GFCI outlets. The Maintenance Director or designee will inspect all outlets within 6 feet of water, in all the common areas, on a monthly basis (See Exhibit 3). 4 4. The Maintenance Director will review his inspection of the outlets, in the Monthly QAPI meeting (See Exhibit 1). The	01/30/2024

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	(3) Rooftops (4) Outdoors Exception No. 1 to (3) and (4): Receptacles that are not readily accessible and are supplied by a branch circuit dedicated to electric snow-melting, deicing, or pipeline and vessel heating equipment shall be permitted to be installed in accordance with 426.28 or 427.22, as applicable. Exception No. 2 to (4): In industrial establishments only, where the conditions of maintenance and supervision ensure that only qualified personnel are involved, an assured equipment grounding conductor program as specified in 590.6(B)(2) shall be permitted for only those receptacle outlets used to supply equipment that would create a greater hazard if power is interrupted or having a design that is not compatible with GFCI protection. (5) Sinks - where receptacles are installed within 1.8 m (6 ft.) of the outside edge of the sink. Exception No. 1 to (5): In industrial laboratories, receptacles used to supply equipment where removal of power would introduce a greater hazard shall be permitted to be installed without GFCI protection. Exception No. 2 to (5): For receptacles located in patient bed locations of general care or critical care areas of health care facilities other than those covered under 210.8(B)(1), GFCI protection shall not be required. (6) Indoor wet locations (7) Locker rooms with associated showering facilities (8) Garages, service bays, and similar areas where electrical diagnostic equipment, electrical hand tools. NFPA 70, 517-20 Wet Locations, requires all receptacles and fixed equipment within the area of the wet location to have ground-fault circuit interrupter (GFCI) protection. Note: Moisture can		Monthly QAPI team consists of: Administrator, Maintenance Director, Director of Nursing, Unit Managers (3), Infection Preventionist, Environmental Director, Medical Records, Activity Director and Dietary Manager. It will be reviewed in our Quarterly QAPI meetings, which include all the above and the Medical Director and Pharmacy Consultant.	

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	reduce the contact resistance of the body, and electrical insulation is more subject to failure. This deficient practice could affect staff while at the hand washing sink in the Dining Room. Findings include: Based on observation on 01/17/24 between 12:02 p.m. and 1:51 p.m. during a tour of the facility with the Maintenance Director, there were two electric receptacles within three feet of the hand washing sink at the counter in the Dining Room. The two electric receptacles were not provided with ground fault circuit interrupters (GFCI). This was confirmed by the Maintenance Director at observation. This finding was reviewed with the Maintenance Director and Administrator at the exit conference. 3.1-19(b)			
K 0000 Bldg. 02	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: 01/17/24 Facility Number: 000030 Provider Number: 155073 AIM Number: 100275260 At this Life Safety Survey, Pilgrim Manor 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 with 410 IAC 16.2-3.1-19.	K 0000		

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	Building 2 is a one story addition determined to be of Type V (111) construction and was fully sprinklered. The addition is separated from the original building by a firewall with a two-hour fire resistance rating. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and resident sleeping rooms. The facility has 78 certified beds. The facility had a census of 54 at the time of this survey. All areas where residents have customary access were sprinklered. Quality Review completed on 01/19/24			