STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155236	A. BUILDING -- B. WING	09/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
AVON HEALTH & REHABILITATION CENTER	4171 FOREST POINTE CIRCLE AVON, IN 46123

(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: 09/19/22 Facility Number: 000141 Provider Number: 155236 AIM Number: 100283860 At this Emergency Preparedness survey, Avon Health & Rehabilitation Center was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73 The facility has 137 certified beds. At the time of the survey, the census was 124. Quality Review completed on 09/21/22	E 0000	**The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.**	
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

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	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 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			

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	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 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013.			

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	(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 review of the generator monthly load test documentation entitled "Direct Supply - TELS Logbook Documentation Monthly testing - Under Load" with the Director of Plant Operations (D.P.O.) on 09/19/22 at 10:37 a.m., the testing for the month of September of 2021 was not available for record review. Based on interview at the time of record review, the D.P.O. indicated that he was not yet employed at that time and could not account for the whereabouts of the testing documentation. During the exit conference with the facility Administrator and the D.P.O. on 09/19/22 at 2:26 p.m., no additional information or evidence could be provided contrary to this deficient finding.	E 0041	The facility will ensure this requirement is met through the following corrective measures: 1. No residents were harmed. 2. All residents have the potential to be affected. Emergency power system has been tested monthly for the past 12 months and documented in TELS. 3. The TELS system was reviewed and no changes are indicated. Maintenance staff will be educated on the frequency and documentation required in TELS for emergency power system inspections. The HFA or her designee will review TELS monthly for 6 months and until 100% compliance is achieved, then quarterly for 6 months and until 100% compliance is maintained. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	10/06/2022
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).	K 0000	**The completion of this plan of correction does not constitute an admission that the alleged deficiency exists. The plan of**	

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	Survey Date: 09/19/22 Facility Number: 000141 Provider Number: 155236 AIM Number: 100283860 At this Life Safety Code survey, Avon Health & 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. This one-story facility was determined to be of Type V (111) construction and 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 smoke detectors hard wired to the fire alarm system in all resident sleeping rooms. The facility has a capacity of 137 and had a census of 124 at the time of this visit. All areas where residents have customary access were sprinklered. The facility has one detached wooden shed providing storage which was not sprinklered. Quality Review completed on 09/21/22		**correction is provided as evidence of the facilities desire to comply with the regulations and continue to provide quality care in a safe environment. The facility is requesting a desk review for compliance.**	
K 0291 SS=F Bldg. 02	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 1) Based on observation and interview, the facility	K 0291	The facility will ensure this	10/06/2022

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	failed to ensure 1 of 2 battery powered emergency lights were maintained in accordance with LSC 7.9. LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. LSC 7.9.2.7 states the emergency lighting system shall be either be continuously in operation or shall be capable of repeated automatic operation without manual intervention. This deficient practice could affect as many as 2 staff in the facility. Findings include: Based on observations made during a tour of the facility with the Director of Plant Operations (D.P.O.) on 09/19/22 at 12:47 p.m., the battery-operated emergency light located in the 100 Hall mechanical closet failed to function when its respective test button was pushed five times. Based on interview at the time of the observations, the D.P.O. stated that the battery-operated lights in the facility are tested monthly but acknowledged the aforementioned battery-operated emergency light failed to function when its respective test button was pushed. During the exit conference with the facility Administrator and the D.P.O. on 09/19/22 at 2:26 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b) 2) Based on observation and interview, the facility failed to ensure 2 of 2 battery backup lights were tested annually for 90 minutes over the past year		requirement is met through the following corrective measures: 1. No staff were harmed. 2. Two staff have the potential to be affected. The batteries were replaced immediately following the Life Safety survey. 3. The TELS system regarding testing of battery powered emergency lights was reviewed and no changes were indicated. The maintenance staff will be educated on this requirement. The HFA or her designee will monitor TELS monthly for 6 months and until 100% compliance is achieved, then quarterly for 6 months and until 100% compliance is maintained to ensure testing of battery powered emergency lights is completed both monthly and annually. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	

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	to ensure the light would provide lighting during periods of power outages and a written record of visual inspections and tests was provided. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff, and visitors within the facility. Findings include: Based on record review of the facility's battery-operated light testing documentation entitled "Direct Supply - TELS Logbook Documentation Monthly testing of battery-operated emergency lights" with the Director of Plant Operations (D.P.O.) on 09/19/22 at 10:47 a.m., there was no documentation of an annual 90-minute test being conducted on the two facility battery-operated emergency lights within the last twelve-month period. Based on observations during a tour of the facility with the D.P.O. on 11/01/16 from 11:41 a.m. to 2:02 p.m., the facility had two battery operated exit lights located within the facility. The lack of monthly and annual testing of the two battery operated lights was verified by the D.P.O. at the time of record review and observations. During the exit conference with the facility Administrator and the D.P.O. on 09/19/22 at 2:26 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b)			

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K 0293 SS=E Bldg. 02	NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) Based on observation and interview, the facility failed to ensure 1 of 1 door to the outside of the facility was properly identified as an exit or not an exit. LSC 7.10.8.3.1 states any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT. The NO EXIT sign shall have the word NO in letters 2 inches high, with a stroke width of 3/8ths inch, and the word EXIT below the word NO, unless such sign is an approved existing sign. This deficient practice could affect 25 residents, 4 staff and 2 visitors. Findings include: Based on observations made during a tour of the facility with the Director of Plant Operations (D.P.O.) on 09/19/22 at 1:03 p.m., the Memory Care door to the courtyard was posted as both an exit, by luminated signage attached to the ceiling above the door, and NOT AN EXIT by a placard attached to the door. Based on interview at the time of the observations, the D.P.O. stated the door to the courtyard is not an exit to the public way because it is enclosed by a locked fence and acknowledged that the posted signage was	K 0293	The facility will ensure this requirement is met through the following corrective measures: 1. No residents, staff or visitors were harmed. 2. Any resident, staff or visitor has the potential to be harmed. The Exit sign has been removed, leaving the door marked as Not an Exit. 3. LCS 7.10.8.3.1 was reviewed and maintenance staff were educated on this. The HFA or her designee will make rounds weekly to ensure exit/not an exit doors are labeled appropriately for 6 weeks and until 100% compliance is achieved, then monthly for 6 months and until 100% compliance is maintained. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	10/06/2022

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	contradictory. He added that he would speak to his Administrator and they would determine how to go about taking care of this deficiency. During the exit conference with the facility Administrator and the D.P.O. on 09/19/22 at 2:26 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b)			
K 0914 SS=F Bldg. 02	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) Based on observation, record review and interview, the facility failed to ensure	K 0914	The facility will ensure this requirement will be met through	10/06/2022

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	approximately 450 of 450 nonhospital-grade electrical receptacles at resident room locations were tested at least annually. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 states receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. Additionally, Section 6.3.3.2, Receptacle Testing in Patient Care Rooms requires the physical integrity of each receptacle shall be confirmed by visual inspection. The continuity of the grounding circuit in each electrical receptacle shall be verified. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed; and retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 grams (4 ounces). This deficient practice could affect all residents. Findings include: Based on record review with the Director of Plant Operations (D.P.O.) on 09/19/22 at 10:49 a.m., there was no documentation of a receptacle retention test available for review. Based on interview at the time of the observation, the D.P.O. indicated he was not sure if the electrical receptacles in the resident rooms were hospital-grade or not and also indicated there was no documentation of annual testing per NFPA 99, Receptacle Testing available for record review as of the time of this survey. During the exit conference with the facility Administrator and the D.P.O. on 09/19/22 at 2:26 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b)		the following corrective measures: 1. No residents were harmed. 2. All residents have the potential to be affected. Testing has been scheduled for October 3, 2022. 3. NFPA 99, Health Care Facilities Code 2012 Edition, Section 6.3.4.1.3 was reviewed and maintenance staff were educated on this requirement. The HFA or her designee will monitor TELS monthly for 6 months and until 100% compliance is achieved, then quarterly for 6 months and until 100% compliance is maintained to ensure annual tests are completed when due. 4. The findings of these audits will presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	

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K 0918 SS=C Bldg. 02	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) Based on record review and interview, the facility failed to maintain a complete written record of	K 0918	The facility will ensure this requirement is met through the	10/06/2022

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	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 review of the generator monthly load test documentation entitled "Direct Supply - TELS Logbook Documentation Monthly testing - Under Load" with the Director of Plant Operations (D.P.O.) on 09/19/22 at 10:37 a.m., the testing for the month of September of 2021 was not available for record review. Based on interview at the time of record review, the D.P.O. indicated that he was not yet employed at that time and could not account for the whereabouts of the testing documentation. During the exit conference with the facility Administrator and the D.P.O. on 09/19/22 at 2:26 p.m., no additional information or evidence could be provided contrary to this deficient finding. 3.1-19(b)		following corrective measures: 1. No residents were harmed. 2. All residents have the potential to be affected. The missed month was September of 2021 and all months since have been completed and documented. 3. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 was reviewed and maintenance staff were educated. The HFA or her designee will review TELS monthly for 6 months and until 100% compliance is achieved, then quarterly for 6 months and until 100% compliance is maintained to ensure the monthly generator load testing is completed. 4. The findings of these audits will be presented during the facility's monthly QAPI meetings and the plan of action adjusted accordingly.	