

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

PRINTED: 10/13/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155857	X2) MULTIPLE CONSTRUCTION A. BUILDING -- _____ B. WING _____	X3) DATE SURVEY COMPLETED 09/01/2023
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NAME OF PROVIDER OR SUPPLIER TRANQUILITY NURSING AND REHAB	STREET ADDRESS, CITY, STATE, ZIP COD 3640 N CENTRAL AVENUE INDIANAPOLIS, IN 46205
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E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 07/06/23 & 07/07/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 09/01/23</p> <p>Facility Number: 014265 Provider Number: 155857 AIM Number: 300029339</p> <p>At this PSR survey to the Emergency Preparedness survey, Tranquility Nursing and Rehab was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73.</p> <p>The facility has 78 certified beds. At the time of the survey, the census was 32.</p> <p>Quality Review completed on 09/05/23</p>	E 0000		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Certification and State Licensure Survey conducted on 07/06/23 & 07/07/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 09/01/23</p> <p>Facility Number: 014265 Provider Number: 155857</p>	K 0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Laurie Barnett	Executive Director	10/11/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined 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 disclosed 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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K 0907 SS=B Bldg. 01	<p>AIM Number: 300029339</p> <p>At this PSR survey, Tranquility Nursing and Rehab was found in substantial 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 one story facility was determined to be of Type V (000) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor, and with smoke detectors hard wired to the fire alarm system installed in all resident sleeping rooms. Resident sleeping Rooms 106 through 116 and 206 through 211 are being used as vent unit bedrooms with a total of 34 vent unit bed locations. The facility has a capacity of 78 and had a census of 32 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered except for one detached storage building.</p> <p>Quality Review completed on 09/05/23</p> <p>NFPA 101 Gas and Vacuum Piped Systems - Maintenance Pr Gas and Vacuum Piped Systems - Maintenance Program Medical gas, vacuum, WAGD, or support gas systems have documented maintenance programs. The program includes an inventory of all source systems, control valves, alarms, manufactured assemblies, and outlets.</p>			

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	<p>Inspection and maintenance schedules are established through risk assessment considering manufacturer recommendations. Inspection procedures and testing methods are established through risk assessment. Persons maintaining systems are qualified as demonstrated by training and certification or credentialing to the requirements of AASE 6030 or 6040.</p> <p>5.1.14.2.1, 5.1.14.2.2, 5.1.15, 5.2.14, 5.3.13.4.2 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to maintain the facility's piped gas systems in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition. This deficient practice could affect 34 vent unit bed residents should the facility's pipe gas system not be operational.</p> <p>Findings include:</p> <p>Based on observations with the Executive Director at 9:25 a.m. on 09/01/23, three master alarm control panel warning lights for the facility's piped gas system were illuminated in red at the wall mounted master alarm control panel location at the reception desk at the main entrance lobby. The master alarm warning lights were labeled "Oxygen Emergency Reserve CY Low", "Oxygen Cylinder Reserve in Use", and "Oxygen line pressure low". Based on interview during record review from 9:25 a.m. to 10:35 a.m. on 09/01/23, the Executive Director stated the piped gas system does not have any oxygen supply hooked up to it. The Executive Director stated current vent unit bed locations do not require the use of the piped gas system as those residents are currently using oxygen concentrators to meet their needs. The Executive Director stated there are plans to have the piped gas system operational in the future but</p>	K 0907	<p>K907</p> <p>It is the practice of this facility to maintain gas and vacuum piped systems in accordance with regulation.</p> <p>The correction action taken for the resident found to be affected by the deficient practice include:</p> <p>No resident has been identified as being affected by this practice. The system was evaluated by the Service provider and made operational. The indicator lights are now green indicating normal operation.</p> <p>Other residents that have the potential to be affected have been identified by:</p> <p>All residents residing on the vent unit requiring oxygen and/or the use of nebulizers have the potential to be affected. The oxygen piped gas system is now operational. On 9/7/23 full oxygen tanks were delivered to the facility and attached to the oxygen manifold that provides oxygen to the rooms. Residents requiring</p>	09/07/2023

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	<p>it is not currently needed.</p> <p>These findings were reviewed with the Executive Director and the Maintenance Director during the exit conference.</p> <p>This deficiency was cited on 07/07/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>		<p>oxygen can access oxygen in the room via flowmeter.</p> <p>The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include</p> <p>The Respiratory Therapists have been in-serviced regarding monitoring the Pipe Gas Systems Indicator Panel. A checklist was added to the Respiratory Therapist's assignment as it relates to Pipe Gas Systems oxygen level and pressure in the oxygen tanks. Additionally, surveillance of the Pipe Gas Systems indicator panel was added to the TELS Program. Any identified issues will be brought to the Administrator for resolution.</p> <p>The corrective action taken to monitor performance to assure compliance through the quality assurance is:</p> <p>A Performance Improvement Tool has been initiated regarding the Pipe Gas System . The Maintenance Director, or designee, will complete this weekly x 4, monthly x3 quarterly x 2. Any issues identified will be immediately corrected. The Quality Assurance Committee will review the tools at the scheduled meetings with recommendations as needed based on the outcomes of the tools.</p>		