

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

PRINTED: 07/25/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155364		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 07/11/2023	
NAME OF PROVIDER OR SUPPLIER BYRON HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 1661 BEACON STREET FORT WAYNE, IN 46805			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 07/11/23</p> <p>Facility Number: 000255 Provider Number: 155364 AIM Number: 100273280</p> <p>At this Emergency Preparedness Survey, Byron Health Center was found in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 120 and had a census of 103 at the time of this survey.</p> <p>Quality Review completed on 07/11/23</p>			E 0000			
K 0000 Bldg. 02	<p>A Life Safety Code survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 07/11/23</p> <p>Facility Number: 000255 Provider Number: 155364 AIM Number: 100273280</p> <p>At this Life Safety Code Survey, Byron Health Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a),</p>			K 0000			

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

TITLE

(X6) DATE

Meghan Faherty

Asst. Administrator

07/24/2023

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 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 0741 SS=E Bldg. 02	<p>Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>This one-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in corridors, areas open to the corridors, and in resident sleeping rooms. The facility consists of five (5) one-story comprehensive care wings and one (1) two-story residential care wing separated by a two-hour fire barrier, all connecting to a common services core. The building is partially protected by a type II ESS 300 kW diesel powered generator. The facility has a capacity of 120 and had a census of 108 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached maintenance building that was not sprinklered.</p> <p>Quality Review completed on 07/11/23</p> <p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: 1. Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.</p>						

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	<p>2. In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required.</p> <p>3. Smoking by patients classified as not responsible shall be prohibited.</p> <p>4. The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>5. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>6. Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>Based on observation and interview; the facility failed to ensure 2 of 2 smoking areas were maintained by disposing cigarette butts in the provided metal or noncombustible containers with self-closing cover devices without combustible materials. This deficient practice could affect staff outside the service exit and 15 residents in the courtyard .</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director and Assistant Administrator on 7/11/23 at 11:45 a.m. and 12:30 p.m., in the staff and resident smoking area there was combustible trash mixed with cigarette butts in the butt-cans. Also, in the resident smoking area there were over 10 cigarette butts disposed in a trash can containing combustible materials.</p> <p>Based on interview at the time of observation, the Maintenance Director and Assistant Administrator agreed cigarette butts were mixed</p>			K 0741	<p>This Plan of Correction is Byron Health Center's credible allegation of compliance. It is the intention of Byron Health Center to be in complete compliance with all Federal and State guidelines. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the state deficiencies. The plan of correction is prepared and/or executed because the provisions of federal and state law require it.</p> <p><u>We are asking for Paper Compliance. Thank you.</u></p> <p><u>K 741 – Smoking Regulations</u> <u>What corrective action(s) will be accomplished for those</u></p>		08/11/2023

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	<p>with combustible materials.</p> <p>The finding was reviewed with the Maintenance Director and Assistant Administrator during exit conference.</p> <p>3.1-19(b)</p>		<p>residents found to have been affected by the deficient practice?</p> <p>All staff will be educated on disposing cigarette butts in designated cigarette butt receptacles and trash in designated trash receptacles. Residents that smoke will be educated on disposing cigarette butts in designated cigarette butt receptacles and trash in designated trash receptacles.</p> <p>How other residents having the potential to be affect by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>All residents that use the designated outdoor smoking area have the potential to be affected by the deficient practice. All staff will be educated on disposing cigarette butts in designated cigarette butt receptacles and trash in designated trash receptacles. (Attachment 1)</p> <p>Residents that smoke will be educated on disposing cigarette butts in designated cigarette butt receptacles and trash in designated trash receptacles. (Attachment 2)</p> <p>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Director of Environmental</p>		

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			<p>Services, or her designee, will audit the two designated smoking areas weekly times six months to ensure compliance with appropriate disposal of cigarette butts and trash in designated receptacles. (Attachment 3)</p> <p>Please specify how the QAPI Committee will monitor this plan of correction, how often, and for how long? If less than six months, how will the facility ensure the plan remains in place?</p> <p>The Director of Environmental Services, or her designee, will audit the two designated smoking areas weekly times six months to ensure compliance with appropriate disposal of cigarette butts and trash in designated receptacles. (Attachment 3)</p> <p>Any issues identified during the audit process will be addressed and education will be given to staff through one-on-one training. Any corrective actions taken shall be reported to the QAPI Committee during monthly meetings and the plan revised, if warranted.</p> <p>By what date the systemic changes will be completed: August 11, 2023</p>		