STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	X2) MULTIPLE CONSTRUCTION	X3) DATE SURVEY COMPLETED
	155830	A. BUILDING -- B. WING	11/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
HARRISON'S CROSSING HEALTH CAMPUS	395 8TH AVENUE TERRE HAUTE, IN 47804

(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: 11/23/22 Facility Number: 013335 Provider Number: 155830 AIM Number: 201290670 At this Emergency Preparedness survey, Harrison's Crossing Health Campus 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 72 certified beds and had a census of 50 at the time of this visit. Quality Review completed on 11/28/22	E 0000	The submission of this plan of correction does not indicate an admission by Harrison's Crossing Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Harrison's Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	
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	The submission of this plan of correction does not indicate an admission by Harrison's Crossing Health Campus that the findings	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Sean Medsker	Executive Director	12/12/2022

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: 11/23/22 Facility Number: 013335 Provider Number: 155830 AIM Number: 201290670 At this Life Safety Code survey, Harrison's Crossing Health Campus was found not in compliance with Requirements for Participation in Medicare, 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 facility was located on the first floor of a two story building determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors, spaces open to the corridors, and all resident rooms. The entire first floor of the facility, including the Legacy Lane-Assisted Living unit was surveyed due to the lack of a 2 hour fire-rated separation. Legacy Lane-Assisted Living unit includes rooms 113 through 122 (11 beds). The facility has a capacity of 83 on the 1st floor including the Legacy Lane-Assisted Living unit, with 72 certified beds and had a census of 50 at the time of this survey. All areas where residents have customary access were sprinklered and all areas providing facility services were sprinklered, except a detached maintenance garage used for the storage of maintenance equipment. Quality Review completed on 11/28/22		and allegations contained herein are accurate, true representation of the quality of care provided, and living environment provided to the residents of Harrison's Crossing Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with the requirements of participation for skilled health care facilities. To this end, the plan of correction shall serve as the credible allegation of compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.	

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	155830	A. BUILDING 01 B. WING	11/23/2022

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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 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 completely document the	K 0918	**1. Corrective Action for the resident(s) affected by the**	12/12/2022

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	exercising of the generator for 9 of 12 months to meet the requirements of NFPA 110, 2010 Edition, the Standard for Emergency and Standby Powers Systems, Chapter 8.4.2. Section 8.4.2 states diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS (Emergency Power Supply) nameplate kW rating. Section 8.4.2.3 states diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS (Emergency Power Supply System) load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. This deficient practice could affect all occupants. Findings include: Based on review of generator load testing documentation with the Director of Plant Operations at 10:38 a.m. on 11/23/22, the load information to show the actual load percentage for the diesel powered generator was not documented March 2022 through November 2022. Based on interview at the time of record review, the Director of Plant Operations stated the diesel generator ran under load on a monthly basis but the documentation does not show the load percentage of the name plate rating.		**alleged deficient practice:** This deficient practice did not have the potential to affect any Residents. **2. Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice:** No resident's, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice. **3. Corrective Actions including Measures/Systemic changes put in place to assure the alleged deficient practice does not re occur:** The Director of Plant Ops or designee will now calculate the actual load percentage for the diesel-powered generator. The diesel-powered generator is currently set up for a monthly load test of 45 minutes followed by a 15 minute cool down. **4. Corrective Actions that will be monitored to ensure the alleged will not re occur:**	

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	2. 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 Director of Plant Operations on 11/23/22 at 10:38 a.m., the Monthly generator log 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 Director of Plant Operations stated the diesel generator has a cool down period after the monthly load test, and agreed the cool down time was not documented. These findings were reviewed with the Executive Director and Director of Plant Operations at the exit conference. 3.1-19(b)		The Director of Plant Operations and/or Designee will utilize our monthly load bank test and percentage audit. DPO and/or designee will report on load bank percentages as well as confirming a 15 minute cool down. The Director of Plant Operations and/or Designee will perform the observation audits monthly. Findings will be reviewed during the quarterly QA Committee in order to determine the frequency for ongoing monitoring. **5. The time frame the campus is alleging compliance.** Date: December 12, 2022	
K 0920 SS=B	NFPA 101 Electrical Equipment - Power Cords and			

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Bldg. 01	Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 Based on observation, interview and record review, the facility failed to ensure 1 of 1 flexible cords were not used as a substitute for fixed wiring. LSC 19.5.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 2011 Edition. NFPA 70, Article 400.8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. LSC Section 4.5.7 states any building service equipment or safeguard provided for life safety shall be designed, installed and approved in accordance with all applicable NFPA standards.	K 0920	**1. Corrective Action for the resident(s) affected by the alleged deficient practice:** This deficient practice did not have the potential to affect any Residents. **2. Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice:**	12/12/2022

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	This deficient practice could affect staff and visitors in the vicinity of the conference room. Findings include: Based on observation with the Director of Plant Operations on 11/23/22 at 9:35 a.m., a portable space heater was plugged into a power strip in the conference room. Based on interview at the time of the observation, the Director of Plant Operations agreed a portable space heater was plugged into a power strip was being used as a substitute for fixed wiring at the aforementioned location. The portable space heater was unplugged from the power strip by the Director of Plant Operations at the time of observation. Based on record review on 11/23/22 at 11:35 a.m., the facility allows portable space heaters in non-patient areas. This finding was reviewed with the Executive Director and the Director of Plant Operations during the exit conference. 3.1-19(b)		No resident's, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice. **3. Corrective Actions including Measures/Systemic changes put in place to assure the alleged deficient practice does not re occur:** The Executive Director and/or designee provided re-education to all Department Heads on Electrical Equipment - Power Cords and Extension cords CFR(s): NFPA 101 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards.	

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			All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3 The Director of Plant Operations immediately unplugged the space heater from the power strip in the conference room on the day of the inspection 11/23/2022. **4. Corrective Actions that will be monitored to ensure the alleged will not re occur:** The Director of Plant Operations and/or Designee developed a weekly audit that includes monitoring the usage of any power strips in any office space. The Director of Plant Operations and/or Designee will perform the observation audits three times a week, for three months. Findings will be reviewed during the quarterly QA Committee in order to determine the frequency for ongoing monitoring. Findings suggestive of 100% compliance	

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			may result in cessation of the monitoring plan based on review. **5. The time frame the campus is alleging compliance.** Date: December 12, 2022	
K 0923 SS=B Bldg. 01	NFPA 101 Gas Equipment - Cylinder and Container Storag Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions			

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	as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)			
	Based on observation and interview, the facility failed to ensure 1 of 1 cylinders of nonflammable gases such as oxygen were properly secured from falling. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2 states storage for nonflammable gases greater than 8.5 cubic meters (300 cubic feet) but less than 85 cubic meters (3000 cubic feet) shall comply with 11.3.2.1 through 11.3.2.3. NFPA 99, Section 11.3.2.6 states cylinder or container restraints shall comply with 11.6.2.3. Section 11.6.2.3(11) states freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect at least 15 residents and staff in the vicinity of resident room 128. Findings include: Based on observation with the Executive Director and Director of Plant Operations during a tour of the facility at 12:20 p.m. on 11/23/22, one 'E' type oxygen cylinder was standing upright on the floor right inside the corridor door of resident room 128.	K 0923	**Corrective Action for the resident(s) affected by the alleged deficient practice:** This deficient practice had the potential to affect one residents in one room. **2. Corrective Actions taken for those resident(s) having the potential to be affected by the alleged deficient practice:**No resident's, staff or visitors were identified or reported any findings suggestive of having been affected by the deficient practice. **3. Corrective Actions including Measures/Systemic changes put in place to assure the alleged deficient practice does not re occur:** The Charge nurse was educated by the executive director on NFPA 99 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6. health Care facilities code,	12/12/2022

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	The 'E' type oxygen cylinder was not properly supported in a cylinder stand or cart. Based on interview at the time of observation, the Director of Plant Operations confirmed an 'E' type oxygen cylinder in the aforementioned resident room was not properly supported in a cylinder stand or cart. The unsupported 'E' type cyclinder was properly secured in the oxygen transfill room prior to survey exit. This finding was reviewed with the Executive Director and Director of Plant Operations at the exit conference. 3.1-19(b)		2012 Edition, freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. The Charge Nurse placed the oxygen cylinder in a chained area immediately on 11/23/2022.The DPO and ED conducted a walk through to identify any other oxygen cylinders not properly secured. No other cylinders were identified on 11/23/2022. **4. Corrective Actions that will be monitored to ensure the alleged will not re occur:**The Director of Plant Operations and/or Designee developed a weekly audit that includes monitoring for any unsecured oxygen cylinders in Resident rooms or Oxygen Storage rooms. The Director of Plant Operations and/or Designee will perform the observation audits three times a week, for three months. Findings will be reviewed during the quarterly QA Committee in order to determine the frequency for ongoing monitoring. Findings suggestive of 100% compliance may result in cessation of the monitoring plan based on review. **5. The time frame the campus is alleging compliance.**Date: December 12, 2022	