

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

PRINTED: 09/23/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155003		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 08/23/2023	
NAME OF PROVIDER OR SUPPLIER MASON HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 900 PROVIDENT DRIVE WARSAW, IN 46580			
(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
K 0000 Bldg. 01	<p>An investigation of Complaint Number IN00415890 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Complaint IN00415890 - Federal/State deficiency related to the allegation was cited at K100</p> <p>Survey Date: 08/23/23</p> <p>Facility Number: 000003 Provider Number: 155003 AIM Number: 100290600</p> <p>At this Life Safety Code Complaint survey, Mason Health Care 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.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The original building consists of the 100, 200, 300, and center service hall. An addition was built in 2008 consisting of the 400 hall and therapy center. The facility has a fire alarm system with smoke detection in the corridors, areas open to the corridors and hard wired smoke detectors in the resident rooms. The building is partially protected by a 50 kW Natural Gas-powered emergency generator. The facility has a capacity of 115 and had a census of 81 at the time of this survey.</p>			K 0000			

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

TITLE

(X6) DATE

Rukiya Brooks

Administrator

08/30/2023

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 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 0100 SS=F Bldg. 01	<p>All areas where the residents have customary access were sprinklered. The facility had two detached sheds providing facility services including the storage of activity supplies, maintenance supplies and housekeeping supplies which were not sprinklered.</p> <p>Quality Review completed on 08/24/23</p> <p>NFPA 101 General Requirements - Other</p> <p>Based on observation, records review, and interview, the facility failed to ensure 50 of 50 Packaged Terminal Air Conditioner (PTAC) were maintained in a safe operational condition to prevent the units from catching on fire. LSC 19.1.1.3.1 states all health care facilities shall be designed, constructed, maintained, and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on interviews on 08/23/23 between 11:00 a.m. and 12: p.m., the Administrator and Maintenance Director stated smoke was coming out of a resident's room, they removed the resident, activated the fire alarm by using a pull station, and evacuated the affected smoke compartment. The Fire Department arrived and discovered the smoke was coming from a PTAC due to the motor overheating. Based on observation with the Maintenance Director between 11:30 a.m. and 12:00 p.m., the PTACs showed signs of debris inside the units. The PTACs on the west side of the build was inspected internally and it was discovered the</p>		K 0100	<p>The creation and submission of the Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation or regulation.</p> <ul style="list-style-type: none"> what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice <p>The PTAC unit that overheated was replaced on 8/21/23. The cleaning of the PTAC coils is scheduled to be completed on 9-2-23 and 9-3-23</p> <ul style="list-style-type: none"> how other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; <p>All residents have the potential to be affected. The cleaning of all PTACs in the building has been scheduled for 9-2-23 and 9-3-23.</p> <ul style="list-style-type: none"> what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not 		09/03/2023	

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	<p>evaporator and condenser coils on the PTAC was coved with dust/dirt, and the base pan had a buildup of dirt and grime. This condition could insulate the coils and block the heat exhaust causing the PTACs to overheat and start a fire. Based on records review between 11:00 a.m. and 11:30 a.m., the PTAC owner's manual stated, "The indoor coil and outdoor coils and base pan should be inspected periodically (annually or semi-annually) and clean all debris." Also, there was no documentation to show the last time the PTACs units were cleaned. Based on interview during observation, the Maintenance Director stated it has been two or three years the last time the PTACs were cleaned and there was no documentation to show the last time the PTACs were cleaned.</p> <p>This finding was reviewed with the Maintenance Director and Administrator during the exit conference.</p> <p>This federal tag relates to complaint number IN00415890.</p> <p>3.1-19(b)</p>				<p>recur;</p> <p>The maintenance director will schedule an annual cleaning approximately one year from the previous cleaning.</p> <p>how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>The maintenance director will schedule an annual cleaning approximately one year from the previous cleaning.</p>		