

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

PRINTED: 04/25/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155061		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 03/30/2023	
NAME OF PROVIDER OR SUPPLIER ENVIVE OF LAWRENCEBURG				STREET ADDRESS, CITY, STATE, ZIP COD 403 BIELBY RD LAWRENCEBURG, IN 47025			
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E 0000 Bldg. --	<p>A Post Survey Revisit (PSR) to the Emergency Preparedness Survey conducted on 01/30/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 03/30/23</p> <p>Facility Number: 000022 Provider Number: 155061 AIM Number: 100274510</p> <p>At this PSR survey to the Emergency Preparedness survey, Envive of Lawrenceburg 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 100 certified beds. At the time of the survey, the census was 36.</p> <p>Quality Review completed on 04/05/23</p>			E 0000	<p>Submission of this plan of correction in no way constitutes an admission of Envive of Lawrenceburg or its management company, that the allegations contained in the survey report is true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed as a requirement by Federal and State Law.</p>		
K 0000 Bldg. 01	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 01/30/23 was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 03/30/23</p> <p>Facility Number: 000022 Provider Number: 155061 AIM Number: 100274510</p>			K 0000	<p>Submission of this plan of correction in no way constitutes an admission of Envive of Lawrenceburg or its management company, that the allegations contained in the survey report is true and accurate portrayal of the provision of nursing care or other services provided in this facility. The Plan of Correction is prepared and executed as a requirement by</p>		

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

TITLE

(X6) DATE

shelley

millar

04/23/2023

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 0321 SS=E Bldg. 01	<p>At this PSR survey, Envive of Lawrenceburg 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 three story facility with a basement was determined to be of Type II(222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on all levels including the basement, in the corridor, in all areas open to the corridor and in all resident sleeping rooms. Resident sleeping Rooms 302, 303, 304 and 305 on the third floor were being used as vent unit bedrooms with a total of eight vent unit bed locations. The facility has a capacity of 100 and had a census of 36 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing storage services were sprinklered.</p> <p>Quality Review completed on 04/05/23</p> <p>NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4.</p>				Federal and Sate Law.		

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	<p>Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door.</p> <p>Describe the floor and zone locations of hazardous areas that are deficient in REMARKS.</p> <p>19.3.2.1, 19.3.5.9</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>Based on observation and interview, the facility failed to ensure 1 of over 10 hazardous areas such as fuel fired heater rooms were separated from other spaces by smoke resistant partitions and doors. Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. This deficient practice could affect over 10 residents, staff, and visitors in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, the corridor door to the water heater room in the basement was equipped with a self-closing device but the door failed to self-close and latch into the door frame</p>			K 0321	<p>The Director of Maintenance has been educated by the Executive Director on K321 That Doors hazardous areas cannot be propped open, preventing them from closing and latching. They must be shut at all times. They must also be equipped with a working automatic door closing device.</p> <p>Director of Maintenance will perform monthly review x 6</p> <p>Results of these reviews will be presented by the Exec Director to the QAPI meeting for further</p>		04/02/2023

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K 0372 SS=E Bldg. 01	<p>when tested to close multiple times. The water heater room contained two natural gas fired water heaters. Based on interview at the time of the observations, the Maintenance Director stated residents have customary access to the Activities Room in the basement and agreed the corridor door to the water heater room in the basement did not separate this hazardous areas from other spaces by smoke resistant partitions and doors.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. Based on observation and interview, the facility failed to ensure openings through 1 of 4 ceiling smoke barriers was protected to maintain the fire</p>			K 0372	<p>recommendations</p> <p>This deficient practice could affect over 10 residents, staff and visitors in the basement.</p> <p>K372 Subdivision of Building Spaces - Smoke Barrier NFPA 101</p>		03/31/2023

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	<p>resistance rating of the smoke barrier. LSC 19.3.7.3 refers to Section 8.5. Section 8.5.6.2 states penetrations for cables, conduits, pipes, and similar items that pass through a floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of a ceiling smoke barrier shall be protected by a system or material capable of resisting the transfer of smoke. Where a smoke barrier is also constructed as a fire barrier, the penetrations shall be protected in accordance with the requirements of Section 8.3.5 to limit the spread of fire for a time period equal to the fire resistance of the assembly and Section 8.5.6. This deficient practice could affect over 10 residents, staff, and visitors in the vicinity of the Main Shutoff Room in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, four of four newly installed electrical conduits which penetrated the ceiling of the Main Shutoff Room in the basement were not firestopped to maintain the fire resistance rating of the basement ceiling smoke barrier. Based on interview at the time of the observations, the Maintenance Director agreed the electrical conduit penetrations in the ceiling did not ensure the ceiling smoke barrier was protected to maintain the fire resistance rating of the smoke barrier.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p>				<p>Immediate Intervention</p> <p>The Director of Maintenance has added approved fire caulk to the ceiling penetrations.</p> <p>Compliance Date 3-31-23</p> <p>The Director of Maintenance has been educated by the Executive Director on K372 All fire wall penetrations must be sealed with approved fire caulk to prevent smoke and fire from spreading.</p> <p>The Director of Maintenance will perform monthly review X6. Results of these reviews will be presented by the Executive Director to the QAPI committee for further recommendations.</p> <p>This deficient practice could affect over 10 residents, staff, and visitors in the vicinity of the main shutoff room.</p>		

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K 0761 SS=F Bldg. 01	<p>3.1-19(b)</p> <p>Based on record review, observation, and interview; the facility failed to ensure annual inspection and testing of all fire door assemblies were completed in accordance with LSC 19.1.1.4.1.1. Communicating openings in dividing fire barriers required by 19.1.1.4.1 shall be permitted only in corridors and shall be protected by approved self-closing fire door assemblies. (See also Section 8.3.) LSC 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. NFPA 80 5.2.1 states fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. NFPA 80, 5.2.4.1 states fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p> <p>NFPA 80, 5.2.4.2 states as a minimum, the following items shall be verified:</p> <p>(1) No open holes or breaks exist in surfaces of either the door or frame.</p> <p>(2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.</p> <p>(3) The door, frame, hinges, hardware, and</p>			K 0761	<p>K761</p> <p>Maintenance, Inspection & Testing - Doors NFPA 101</p> <p>Immediate Intervention</p> <p>A. The Director of Maintenance has completed the annual fire door inspection of the Oxygen room. This inspection has been added to his annual fire door inspection reports.</p> <p>B. The fire door label next to room 111 has been cleaned and is now legible.</p> <p>Compliance Date 3-31-23</p> <p>The Director of Maintenance has been educated by the Executive Director on K761 Fire doors are required to be fully inspected at least annually.</p> <p>The Director of Maintenance will perform monthly review X6. Results of these reviews will be presented by the Executive Director to the QAPI committee for further recommendations.</p> <p>This deficient practice could affect all residents, staff, and visitors in the facility</p>		03/31/2023

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	<p>noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.</p> <p>(4) No parts are missing or broken.</p> <p>(5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.</p> <p>(6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position.</p> <p>(7) If a coordinator is installed, the inactive leaf closes before the active leaf.</p> <p>(8) Latching hardware operates and secures the door when it is in the closed position.</p> <p>(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.</p> <p>(10) No field modifications to the door assembly have been performed that void the label.</p> <p>(11) Gasketing and edge seals, where required, are inspected to verify their presence and integrity.</p> <p>This deficient practice could affect all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of "Annual Inspection of Swinging Fire Door Assemblies" documentation dated March 2023 with the Maintenance Director at 10:30 a.m. on 03/30/23, fire door inspection documentation for the most recent twelve month period did not include doors to oxygen storage and transfilling rooms located inside the facility. Based on interview at the time of record review, the Maintenance Director agreed fire door inspection documentation for the most recent twelve month period did not include doors to oxygen storage and transfilling rooms inside the facility. Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, the</p>						

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K 0911 SS=E Bldg. 01	<p>corridor door to the oxygen storage and transfilling room in the basement was equipped with a 90-minute fire resistance rating label affixed to the hinge side of the door. In addition, the fire resistance rating label affixed to the hinge side of the first floor stairwell door by Room 111 was partially painted which caused the fire resistance rating to not be legible.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99)</p> <p>1. Based on observation and interview, the facility failed to ensure all circuits on the life safety branch supply power to circuits essential for life safety in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.2.2.3.2 states the life safety branch shall supply power for lighting, receptacles, and equipment as follows: (1) Illumination of means of egress in accordance with NFPA 101, Life Safety Code.</p>			K 0911	<p>K911 Electrical Systems - Other Immediate Intervention A. See waiver application on vent bed placement. B. SafeCare was contracted to separate the critical branch breakers from non-critical panels.</p> <p>The Director of Maintenance has</p>		12/01/2023

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	<p>(2) Exit signs and exit directional signs in accordance with NFPA 101, Life Safety Code.</p> <p>(3) Hospital communication systems, where used for issuing instruction during emergency conditions.</p> <p>(4) Generator set location as follows: (a) Task illumination (b) Battery charger for emergency battery-powered lighting unit(s) (c) Select receptacles at the generator set location and essential electrical system transfer switch locations</p> <p>(5) Elevator cab lighting, control, communications, and signaling systems.</p> <p>(6) Electrically powered doors used for building egress.</p> <p>(7) Fire alarms and auxiliary functions of fire alarm combination systems complying with NFPA 72, National Fire Alarm and Signaling Code. Section 6.4.2.2.3 states alarm and alerting systems (other than fire alarm systems) shall be connected to the life safety branch or the critical branch. Section 6.4.2.2.3.4 states loads dedicated to a specific generator, including the fuel transfer pump(s), ventilation fans, electrically operated louvers, controls, cooling systems, and other generator accessories essential for generator operation, shall be connected to the life safety branch or the output terminals of the generator with over-current protective devices. Section 6.4.2.2.3.5 states no functions other than those in 6.4.2.2.3.2, 6.4.2.2.3.3, and 6.4.2.2.3.4 shall be connected to the life safety branch, except as specifically permitted in 6.4.2.2.3. Section 6.4.2.2.6.1 states the life safety branch shall be kept independent of all other wiring and equipment. This deficient practice could affect 8 residents.</p> <p>Findings include:</p>				<p>been educated by the Executive Director on K911 Life safety branch circuits.</p> <p>This deficient practice could affect 8 residents at the facility.</p>		

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	<p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, vent unit beds are located on the third floor in Rooms 302, 303, 304 and 305 for a total of 8 vent unit bed locations. It could not be assured all life safety branch circuits were separated from non-life safety branch circuits. The facility has one diesel fired emergency generator rated at 100 kW and the facility has two transfer switches located in the "Electrical Panel Generator Control" room in the basement near the Laundry room. Six electrical panels in the electrical room were connected to the emergency generator and to the normal source. The electrical panel identified as "Isolated Panel for Emergency Generator" had circuits identified as "Call Lights" mixed with the circuits for the fire alarm system, the emergency generator and egress lighting. The electrical panel identified as "Panel W" had "Dryer" and "AC Laundry" circuits mixed with circuits for the emergency generator and the emergency generator block heater. Two electrical panels were for PTAC circuits. The remaining two electrical panels were for newly installed critical branch circuits for newly installed electrical receptacles installed in Room 101A & 101B, 102, 103, 104, 105, 106 and 107. Based on interview at the time of the observations, the Maintenance Director agreed all life safety branch circuits were not separated from non-life safety branch circuits. Based on interview at the time of the exit conference, the Executive Director stated the facility is in the process of relocating the vent unit bed locations from the third floor to the first floor.</p> <p>These findings were reviewed with the Executive Director and the Maintenance Director during the exit conference.</p>						

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	<p>This deficiency was cited on 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure all circuits on the critical branch supply power to critical branch functions related to patient care in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.2.2.4.2 states electrical installation shall be in accordance with NFPA 70, National Electric Code. NFPA 70, 2011 Edition, Article 110.26 states the critical branch shall supply power for task illumination, fixed equipment, select receptacles, and select power circuits serving the following areas and functions related to patient care:</p> <p>(1) Critical care areas that utilize anesthetizing gases, task illumination, select receptacles, and fixed equipment</p> <p>(2) Isolated power systems in special environments</p> <p>(3) Task illumination and select receptacles in the following:</p> <p>(a) Patient care rooms, including infant nurseries, selected acute nursing areas, psychiatric bed areas (omit receptacles), and ward treatment rooms</p> <p>(b) Medication preparation areas</p> <p>(c) Pharmacy dispensing areas</p> <p>(d) Nurses' stations (unless adequately lighted by corridor luminaries)</p> <p>(4) Additional specialized patient care task illumination and receptacles, where needed</p> <p>(5) Nurse call systems</p> <p>(6) Blood, bone, and tissue banks</p> <p>(7) Telephone equipment rooms and closets</p>						

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	<p>(8) Task illumination, select receptacles, and select power circuits for the following areas:</p> <p>(a) General care beds with at least one duplex receptacle per patient bedroom, and task illumination as required by the governing body of the health care facility</p> <p>(b) Angiographic labs</p> <p>(c) Cardiac cathertization labs</p> <p>(d) Coronary care units</p> <p>(e) Hemodialysis rooms or areas</p> <p>(f) Emergency room treatment areas (select)</p> <p>(g) Human physiology labs</p> <p>(h) Intensive care units</p> <p>(i) Postoperative recovery rooms (select)</p> <p>(9) Additional task illumination, receptacles, and select power circuits needed for effective facility operation, including single-phase fractional horsepower motors, which are permitted to be connected to the critical branch.</p> <p>Section 6.4.2.2.6.1 states the critical branch shall be kept independent of all other wiring and equipment. This deficient practice could affect 8 residents.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, vent unit beds are located on the third floor in Rooms 302, 303, 304 and 305 for a total of 8 vent unit bed locations. It could not be assured all critical branch circuits were separated from non-critical branch circuits. The facility has one diesel fired emergency generator rated at 100 kW and the facility has two transfer switches located in the "Electrical Panel Generator Control" room in the basement near the Laundry room. Six electrical panels in the electrical room were connected to the emergency generator and to the normal source. The electrical</p>						

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	<p>panel identified as "Isolated Panel for Emergency Generator" had circuits identified as "Call Lights" mixed with the circuits for the fire alarm system, the emergency generator and egress lighting. The electrical panel identified as "Panel W" had "Dryer" and "AC Laundry" circuits mixed with circuits for the emergency generator and the emergency generator block heater. Two electrical panels were for PTAC circuits. The remaining two electrical panels were for newly installed critical branch circuits for newly installed electrical receptacles installed in Room 101A & 101B, 102, 103, 104, 105, 106 and 107. Based on interview at the time of the observations, the Maintenance Director agreed all critical branch circuits were not separated from non-critical branch circuits. Based on interview at the time of the exit conference, the Executive Director stated the facility is in the process of relocating the vent unit bed locations from the third floor to the first floor.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>3. Based on observation and interview, the facility failed to ensure an equipment branch was connected to equipment in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.4.2.2.5.1 states the equipment branch shall be connected to equipment described in 6.4.2.2.5.3 through 6.4.2.2.5.4. Section 6.4.2.2.5.2 Connection to Alternate Power Source states: (A) The equipment branch shall be installed and</p>						

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	<p>connected to the alternate power source, such that equipment described in 6.4.2.2.5.3 is automatically restored to operation at appropriate time-lag intervals following the energizing of the life safety and critical branches.</p> <p>(B) The arrangement of the connection to the alternate power source shall also provide for the subsequent connection of equipment described in 6.4.2.2.5.4.</p> <p>Section 6.4.2.2.5.3 Equipment for Delayed-Automatic Connection states:</p> <p>(A) The following equipment shall be permitted to be arranged for delayed-automatic connection to the alternate power source:</p> <p>(1) Central suction systems serving medical and surgical functions, including controls, with such suction systems permitted to be placed on the critical branch</p> <p>(2) Sump pumps and other equipment required to operate for the safety of major apparatus, including associated control systems and alarms</p> <p>(3) Compressed air systems serving medical and surgical functions, including controls, with such air systems permitted to be placed on the critical branch</p> <p>(4) Smoke control and stair pressurization systems</p> <p>(5) Kitchen hood supply or exhaust systems, or both, if required to operate during a fire in or under the hood</p> <p>(6) Supply, return, and exhaust ventilating systems for the following:</p> <p>(a) Airborne infectious/isolation rooms</p> <p>(b) Protective environment rooms</p> <p>(c) Exhaust fans for laboratory hoods</p> <p>(d) Nuclear medicine areas where radioactive material is used</p> <p>(e) Ethylene oxide evacuation</p> <p>(f) Anesthetic evacuation</p> <p>(B) Where delayed-automatic connection is not appropriate, the ventilation systems specified in</p>						

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	<p>6.4.2.2.5.3(A)(6) shall be permitted to be placed on the critical branch.</p> <p>Section 6.4.2.2.5.4 Equipment for Delayed-Automatic or Manual Connection states the following equipment shall be permitted to be arranged for either delayed-automatic or manual connection to the alternate power source (also see A.6.4.2.2.5.3):</p> <p>(1) Heating equipment used to provide heating for operating, delivery, labor, recovery, intensive care, coronary care, nurseries, infection/isolation rooms, emergency treatment spaces, and general patient rooms; and pressure maintenance (jockey or make-up) pump(s) for water-based fire protection systems</p> <p>(2) Heating of general patient rooms during disruption of the normal source shall not be required under any of the following conditions:</p> <p>(a) Outside design temperature is higher than -6.7 C (+20 F)</p> <p>(b) Outside design temperature is lower than - 6.7 C (+20 F), where a selected room(s) is provided for the needs of all confined patients [then only such room(s) need be heated]</p> <p>(3) Elevator(s) selected to provide service to patient, surgical, obstetrical, and ground floors during interruption of normal power</p> <p>(4) Supply, return, and exhaust ventilating systems for surgical and obstetrical delivery suites, intensive care, coronary care, nurseries, and emergency treatment spaces</p> <p>(5) Hyperbaric facilities</p> <p>(6) Hypobaric facilities</p> <p>(7) Autoclaving equipment, which is permitted to be arranged for either automatic or manual connection to the alternate source</p> <p>(8) Controls for equipment listed in 6.4.2.2.4</p> <p>(9) Other selected equipment</p> <p>This deficient practice could affect 8 residents.</p>						

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	<p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, vent unit beds are located on the third floor in Rooms 302, 303, 304 and 305 for a total of 8 vent unit bed locations. It could not be assured all equipment branch circuits were separated from non-equipment branch circuits. The facility has one diesel fired emergency generator rated at 100 kW and the facility has two transfer switches located in the "Electrical Panel Generator Control" room in the basement near the Laundry room. Six electrical panels in the electrical room were connected to the emergency generator and to the normal source. The electrical panel identified as "Isolated Panel for Emergency Generator" had circuits identified as "Call Lights" mixed with the circuits for the fire alarm system, the emergency generator and egress lighting. The electrical panel identified as "Panel W" had "Dryer" and "AC Laundry" circuits mixed with circuits for the emergency generator and the emergency generator block heater. Two electrical panels were for PTAC circuits. The remaining two electrical panels were for newly installed critical branch circuits for newly installed electrical receptacles installed in Room 101A & 101B, 102, 103, 104, 105, 106 and 107. Based on interview at the time of the observations, the Maintenance Director agreed all equipment branch circuits were not separated from non-equipment branch circuits. Based on interview at the time of the exit conference, the Executive Director stated the facility is in the process of relocating the vent unit bed locations from the third floor to the first floor.</p> <p>These findings were reviewed with the Executive Director and the Maintenance Director during the</p>						

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	<p>exit conference.</p> <p>This deficiency was cited on 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>4. Based on observation and interview, the facility failed to ensure the minimum number of electrical receptacles were installed at 8 of 8 vent unit bed locations in accordance with NFPA 99. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 6.3.2.2.6.2 states the number of receptacles shall be determined by the intended use of the patient care rooms in accordance with 6.3.2.2.6.2(A) through 6.3.2.2.6.2(E). 6.3.2.2.6.2(A) Receptacles for Patient Bed Location in General Care Areas (Category 2) states each patient bed location shall be provided with a minimum of eight receptacles. 6.3.2.2.6.2(B) Receptacles for Patient Bed Location in Critical Care Areas (Category 1) states each patient bed location shall be provided with a minimum of 14 receptacles. Section 6.4.2.2.6.2 (C) states the electrical receptacles or the cover plates for the electrical receptacles supplied from the life safety and critical branches shall have a distinctive color or marking so as to be readily identifiable. This deficient practice could affect 8 residents</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, vent unit beds are located on the third floor in Rooms 302, 303, 304 and 305 for a total of 8 vent unit bed locations. Resident sleeping Room 302 had 10 receptacles for the vent unit bed location. Room 303 had 8</p>						

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K 0920 SS=F Bldg. 01	<p>receptacles for the vent unit bed location. The vent unit bed location by the corridor door in Room 304 had twelve receptacles and the vent unit bed by the wall in Room 304 had 8 receptacles. The vent unit bed location by the corridor door in Room 305 had twelve receptacles and the vent unit bed by the wall in Room 304 had 6 receptacles. Based on interview at the time of the observations, the Maintenance Director agreed each vent unit bed location was not provided with a minimum of 14 receptacles. Based on interview at the time of the exit conference, the Executive Director stated the facility did not add any receptacles at vent unit bed locations on or after 01/30/23 and the facility is in the process of relocating the vent unit bed locations from the third floor to the first floor.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and 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) assemblies 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</p>						

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	<p>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 and interview, the facility failed to ensure 1 of 1 extension cords including power strips 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. This deficient practice could affect over 10 residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, a refrigerator and a microwave oven were plugged into a power strip on the floor in the Social Services office identified</p>			K 0920	<p>K920 Electrical Equipment - Power Cords and Extension Cords NFPA 101 Immediate Intervention The Director of Maintenance has removed or reconfigured all power strips to meet compliance. Compliance Date 4-10-23 The Director of Maintenance has been educated by the Executive Director on K920 proper use of power strips. The Director of Maintenance will perform monthly review X6. Results of these reviews will be presented by the Executive Director to the QAPI committee for further recommendations. This deficient practice could affect over 20 residents, staff, and visitors in the facility.</p>		04/10/2023

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K 0923 SS=E Bldg. 01	<p>as Room 307. Based on interview at the time of the observations, the Maintenance Director agreed a power strip was being used as a substitute for fixed wiring at the aforementioned location.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p> <p>NFPA 101 Gas Equipment - Cylinder and Container Storage 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</p>						

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	<p>of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2.</p> <p>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."</p> <p>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.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 storage locations of nonflammable gases equal to or greater than 3000 cubic feet were secured against unauthorized entry. NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.2.1 states storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. This deficient practice could affect over 10 residents, staff, and visitors in the vicinity of the oxygen storage and transfilling room in the basement.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Director during a tour of the facility from 10:05 a.m. to 11:55 a.m. on 03/30/23, the corridor entry</p>			K 0923	<p>Gas Equipment - Cylinder and Container Storage NFPA 101</p> <p>Immediate Intervention</p> <p>The Maintenance Director has added a new storeroom locking handle to the O2 room door. This door can no longer be left unlocked.</p> <p>Compliance Date</p> <p>4-17-23</p> <p>The Director of Maintenance has been educated by the Executive Director on K923 Oxygen room is required to be shut and locked at all times.</p> <p>The Director of Maintenance will perform monthly review X6. Results of these reviews will be</p>		04/17/2023

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NAME OF PROVIDER OR SUPPLIER ENVIVE OF LAWRENCEBURG				STREET ADDRESS, CITY, STATE, ZIP COD 403 BIELBY RD LAWRENCEBURG, IN 47025			
(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
	<p>door to the oxygen storage and transfilling room in the basement was not locked to secure against unauthorized entry. The entry door to the room was equipped with a lock on the door handle but the door was unlocked. The key to lock/unlock the door was in the door handle. The room contained three liquid oxygen containers and five 'E' type cylinders. Based on interview at the time of the observations, the Maintenance Director agreed the corridor entry door to the oxygen storage and transfilling room in the basement was not locked to secure against unauthorized entry.</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 01/30/23. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>presented by the Executive Director to the QAPI committee for further recommendations. This deficient practice could affect over 15 residents, staff and visitors in the vicinity of the o2 room in the basement.</p>		