

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

PRINTED: 10/07/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155703		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 09/20/2022	
NAME OF PROVIDER OR SUPPLIER  BROOKSIDE VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP COD 1111 CHURCH AVE JASPER, IN 47546			
(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: 09/20/22</p> <p>Facility Number: 003240 Provider Number: 155703 AIM Number: 201274720</p> <p>At this Emergency Preparedness survey, Brookside Village Inc. was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73</p> <p>The facility has a capacity of 27 certified beds and had a census of 25 at the time of this visit.</p> <p>Quality Review completed on 09/26/22</p> <p>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by:</p>			E 0000	<p>Submission of the plan of correction in no way constitutes an admission by Brookside Village Health and Living or its management company that the allegations contained in the survey report is true and accurate portrayal of the provision of nursing care of other services provided in this facility. This Plan of Correction is prepared and executed solely because it is required by Federal State Law. This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance and Assessment Committee meeting until resolution. We are requesting paper compliance for this plan of Correction.</p>		
E 0041 SS=F Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e)</p>						

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

TITLE

(X6) DATE

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 30 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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	<p>(e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by</p>						

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	<p>reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html</a>. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October</p>						

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	<p>22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on record review and interview, the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Based on record review and interview, the facility failed to ensure a written record of weekly inspections for 1 of 1 generator was maintained for 52 of 52 weeks. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection reports on 09/20/22 between 9:15 a.m. and 12:00</p>			E 0041	<p>Submission of the plan of correction in no way constitutes an admission by Brookside Village Health and Living or its management company that the allegations contained in the survey report is true and accurate portrayal of the provision of nursing care of other services provided in this facility. This Plan of Correction is prepared and executed solely because it is required by Federal State Law. This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance and Assessment Committee meeting until resolution. We are requesting paper compliance for this plan of Correction.</p> <p>The corrective actions to be accomplished for those residents found to have been affected the deficient practice: The emergency generator is now tested per NFPA 110 and Life Safety Code guidelines. The maintenance Supervisor changed the frequency from weekly to monthly when TELS automated system was</p>		10/02/2022

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K 0000  Bldg. 01	<p>p.m. with the Maintenance Supervisor present, there was no documentation available to show the emergency generator was inspected/tested weekly during the most recent 52 week period. Based on interview at the time of record review, the Maintenance Supervisor said the generator does start automatically every week and is inspected, but it has not been documented.</p> <p>This finding was reviewed with the Maintenance Supervisor during the exit conference.</p> <p>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).</p> <p>Survey Date: 09/20/22</p> <p>Facility Number: 003240 Provider Number: 155703</p>			K 0000	<p>re-programmed hence causing the deficient practice. The TELS system has now been update to make the inspection and documentation of the generator weekly.</p> <p>No resident or staff were harmed by this deficient practice.</p> <p>The TELS building system has been updated to make the generator task weekly and to ensure it has the proper documentation needed. See attached task labeled "TELS Weekly Generator Task"</p> <p>The Maintenance Supervisor has been reeducated by CARDON Corporate Facilities to ensure the generator is ran and inspected weekly with proper documentation noted. This will be monitored and documented during annual CQR inspection. Completed 10-2-22</p> <p>Submission of the plan of correction in no way constitutes an admission by Brookside Village Health and Living or its management company that the allegations contained in the survey report is true and accurate portrayal of the provision of nursing care of other services provided in</p>		

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K 0300 SS=C Bldg. 01	<p>AIM Number: 201274720</p> <p>At this Life Safety Code survey, Brookside Village Inc. 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.</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 hard wired smoke detectors connected to the fire alarm control panel in the corridors, spaces open to the corridors, and all eight resident sleeping rooms on the 200 hall, plus hard wired single station smoke detectors with battery back up in all ten resident rooms in the 300 hall. The facility has a capacity of 27 and had a census of 25 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered, and all areas providing facility services were sprinklered, except one detached shed used for facility storage.</p> <p>Quality Review completed on 09/26/22</p> <p>NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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.</p>				<p>this facility. This Plan of Correction is prepared and executed solely because it is required by Federal State Law. This statement of deficiencies and plan of correction will be reviewed at the Monthly Quality Assurance and Assessment Committee meeting until resolution. We are requesting paper compliance for this plan of Correction.</p>		

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	<p>Based on record review and interview, the facility failed to ensure documentation was available to show that all 13 resident room smoke detectors on the 300 hall were sensitivity tested within the past 24 months. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method.</p> <p>(2) Manufacturer's calibrated sensitivity test instrument.</p> <p>(3) Listed control equipment arranged for the purpose.</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range.</p> <p>(5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p> <p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all 13 residents in the on the 300 hall.</p>			K 0300	<p>The maintenance Supervisor has contacted Cintas Fire Protection to perform that 13 battery powered skilled resident smoke detectors will have a sensitivity test completed. Once Completed, this information will be sent to Life Safety ISDH for review.</p> <p>No residents or staff were found to be harmed due to deficient practice.</p> <p>The TELS building system has been updated to have a 24 month sensitivity test completed. See attached TELS task labeled "TELS Sensitivity Test"</p> <p>The Maintenance Supervisor has been reeducated by CarDon Corporate Facilities to ensure that a sensitivity test occurs every 24 months with documentation noted.</p> <p>To be reviewed and documentation inspected during annual CQR.</p>		10/14/2022

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K 0345 SS=F Bldg. 01	<p>Findings include:</p> <p>Based on record review on 09/20/22 between 9:15 a.m. and 12:00 p.m. with the Maintenance Supervisor present, the facility was unable to produce a smoke detector sensitivity report for all 13 resident room smoke detectors on the 300 hall for the past 24 month period. Based on observations between 12:00 p.m. and 1:15 p.m. during a tour of the facility with the Maintenance Supervisor, it was determined smoke detectors in all 13 resident rooms on the 300 hall are hard wired to a panel at the Nurses' Station with battery back up. These smoke detectors are not connected to the fire alarm system but to a separate panel at the Nurses' Station to notify staff if activated. The Maintenance Supervisor removed a resident room smoke detector and there was information on the back of the detector to show a sensitivity range. Based on interview at the time of observation, the Maintenance Supervisor confirmed the detector removed from the resident room had a sensitivity range and acknowledged there was no record available for sensitivity testing for other smoke detectors of this type.</p> <p>This finding was reviewed with the Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70,</p>						



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	<p>National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>Based on record review and interview, the facility failed to ensure documentation was available to show that all smoke detectors were sensitivity tested within the past 24 months. NFPA 72, National Fire Alarm Code, 2010 Edition, Section 14.4.5.3.1 states detector sensitivity shall be checked within 1 year of installation, and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range, the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or areas where nuisance alarms show an increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for the purpose. (4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range. (5) Other calibrated sensitivity method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated, or replaced.</p>			K 0345	<p>The maintenance supervisor has contacted Cintas Fire to come complete a sensitivity test of all devices tied to the supervised fire panel. This inspection is scheduled for October 10, 2022. Maintenance Supervisor reeducated.</p> <p>No residents or staff were harmed by this deficient practice.</p> <p>The TELS building system has been updated to have a 24 month sensitivity test completed. See attached TELS task labeled "TELS Sensitivity Test"</p> <p>CarDon Corporate Facilities will monitor this documentation during their annual CQR to ensure the inspection is taking place every 24 months.</p>		10/14/2022

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K 0761 SS=C Bldg. 01	<p>The detector sensitivity cannot be tested or measured using any spray device that administers an unmeasured concentration of aerosol into the detector. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review on 09/20/22 between 9:15 a.m. and 12:00 p.m. with the Maintenance Supervisor present, the facility was unable to produce a smoke detector sensitivity report for all smoke detectors for the past 24 month period. The last smoke detector sensitivity test documentation available was dated 03/09/20. The facility's fire alarm vendor has been in the facility performing semi-annual fire alarm system inspections twice a year during 2021 and 2022, but did not perform the smoke detector sensitivity test during any of those semi-annual inspections. Based on interview at the time of record review, the Maintenance Supervisor said he thought sure the smoke detector sensitivity testing had been performed within the past two years, but was unable to locate the document.</p> <p>This finding was reviewed with the Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>			K 0761	CarDon Corporate Maintenance Supervisor Glenn Smith has inspected the door and updated the paperwork on file to include the oxygen door. See attached updated door information.		10/02/2022
	<p>Based on observation, record review, and interview; the facility failed to ensure an annual inspection and testing of 1 of 1 oxygen room fire door assembly was 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</p>						

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	<p>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 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</p>				<p>No residents or staff were harmed by this deficient practice.</p> <p>The template for Brookside Village has been updated to include the Oxygen Room Door. No other follow-up needed.</p> <p>The Maintenance Supervisor has been reeducated by CarDon Corporate Facilities to ensure that the annual door inspection occurs and has the proper doors and documentation in place. They will monitor this documentation during their annual CQR/</p>		

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

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FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155703		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 09/20/2022	
NAME OF PROVIDER OR SUPPLIER  BROOKSIDE VILLAGE INC				STREET ADDRESS, CITY, STATE, ZIP COD 1111 CHURCH AVE JASPER, IN 47546			
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K 0918 SS=F Bldg. 01	<p>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. This deficient practice could affect all residents, as well as staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review on 09/20/22 between 9:15 a.m. and 12:00 p.m. with the Maintenance Supervisor present, the facility was able to provide documentation for an annual inspection of fire door assemblies performed on 07/27/22, however, the oxygen transfilling room fire door assembly was not included. Based on interview at the time of record review, the Maintenance Supervisor the oxygen transfilling room fire door assembly was missed during the annual inspection. Based on observations during a tour of the facility with the Maintenance Supervisor between 12:00 p.m. and 1:15 p.m., there was one oxygen transfilling room fire door assembly noted in the facility.</p> <p>This finding was reviewed with the Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p> <p>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</p>						

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	<p>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.</p> <p>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)</p> <p>Based on record review and interview, the facility failed to ensure a written record of weekly inspections for 1 of 1 generator was maintained for 52 of 52 weeks. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage</p>			K 0918	<p><b>K 918</b></p> <p><b>I. The corrective actions to be accomplished for those residents found to have been affected by the deficient practice.</b></p>		10/02/2022

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	<p>batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the generator inspection reports on 09/20/22 between 9:15 a.m. and 12:00 p.m. with the Maintenance Supervisor present, there was no documentation available to show the emergency generator was inspected/tested weekly during the most recent 52 week period. Based on interview at the time of record review, the Maintenance Supervisor said the generator does start automatically every week and is inspected, but it has not been documented.</p> <p>This finding was reviewed with the Maintenance Supervisor during the exit conference.</p> <p>3.1-19(b)</p>				<p>Observation A- The Community failed to ensure that the emergency generator was tested per NFPA 110 and Life Safety Code guidelines. The Maintenance Supervisor changed the frequency from weekly to monthly when the TELS automated system was reprogrammed last year. The system has been updated to make the inspection and documentation of the generator weekly.</p> <p><b>II. The facility will identify other residents that may potentially be affected by the deficient practice.</b></p> <p>All Residents and staff could be affected by this deficient practice.</p> <p><b>III. The facility will put into place the following systematic changes to ensure that the deficient practice does not recur.</b></p> <p>Observation A- The TELS building system has been updated to make the generator task weekly and to ensure it has the proper documentation needed. See attached task labeled "TELS Weekly Generator Task"</p>		

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				<p><b>IV The facility will monitor the corrective action by implementing the following measures.</b></p> <p>The Maintenance Supervisor has been reeducated by CarDon Corporate Facilities to ensure that the generator is ran and inspected weekly. They will monitor this documentation during their annual CQR.</p> <p><b>V. Plan of Correction completion date.</b></p> <p>Plan of Completion date is October 2, 2022.</p>			