

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

PRINTED: 12/05/2019

FORM APPROVED

OMB NO. 0938-039

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|--|--|---|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155501 | | X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING | | X3) DATE SURVEY COMPLETED 11/04/2019 | |
| NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF BLUFFTON | | | | STREET ADDRESS, CITY, STATE, ZIP COD 1529 W LANCASTER ST BLUFFTON, IN 46714 | | | |
| (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 State Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 11/04/19</p> <p>Facility Number: 000465 Provider Number: 155501 AIM Number: 100273870</p> <p>At this Emergency Preparedness survey, Signature Healthcare of Bluffton was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73. The facility has a capacity of 51 and had a census of 36 at the time of this survey.</p> <p>Quality Review on 11/06/19</p> | | | E 0000 | | | |
| E 0037 SS=C Bldg. -- | <p>Based on record review and interview, the facility failed to conduct annual training for the Emergency Preparedness Program (EPP). The LTC facility must do all of the following: (i) Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles; (ii) Provide emergency preparedness training at least annually; (iii) Maintain documentation of the training; (iv) Demonstrate staff knowledge of emergency procedures in accordance with 42 CFR 483.73(d) (1). This deficient practice could affect all residents in the</p> | | | E 0037 | <p>Current staff and new employees will be in serviced on our EP plan and a quiz will be administered to reflect knowledge of our EP plan. This will be conducted at hire and annually thereafter.</p> | | 11/15/2019 |

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 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 disclosed 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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| K 0000 Bldg. 01 | <p>facility.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 11/04/19 at 10:29 a.m., no documentation of annual EEP training and no documentation to show staff could demonstrate knowledge of the EPP was available for review. Based on an interview at the time of records review, the Maintenance Director stated training was conducted by previous training staff but the new training staff did not know the location of the EEP training documentation.</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 11/04/19</p> <p>Facility Number: 000465 Provider Number: 155501 AIM Number: 100273870</p> <p>At this Life Safety Code survey, Signature Healthcare of Bluffton was found in substantial 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 (111) construction and was fully</p> | | | K 0000 | Maintenance director updated battery operated smoke detector procedure to pull nearest alarm. | | |

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| K 0711 SS=C Bldg. 01 | <p>sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors and battery operated smoke detectors in the resident rooms. The facility has a capacity of 51 and had a census of 36 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. The facility had a detached garage providing facility services including the maintenance office, maintenance supplies and tools that was not sprinklered.</p> <p>Quality Review on 11/06/19</p> <p>NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 Based on record review and interview, the facility failed to provide 1 of 1 written emergency fire safety plan that incorporated all items listed in NFPA 101, Section 19.7.2.2. 1. Use of alarms. 2. Transmission of alarms to fire department. 3. Emergency phone call to fire department 4. Response to alarms.</p> | | | K 0711 | <p>Our fire safety plan was updated on 11/5/19 to reflect the changes of the procedure for a battery operated smoke detector alarm. The plan was also updated on 11/5/19 to include fire extinguisher types and usages. This information will also be included in</p> | | 11/15/2019 |

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| | <p>5. Isolation of fire.</p> <p>6. Evacuation of immediate area.</p> <p>7. Evacuation of smoke compartment.</p> <p>8. Preparation of floors and building for evacuation.</p> <p>9. Extinguishment of fire.</p> <p>This deficient practice affects all residents, staff and visitors in the event of an emergency.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 11/04/19 at 10:00 a.m., the provide facility's fire safety plan did not address the following items:</p> <p>a) Extinguishment of fire. The fire safety plan did not indicate the type of fire extinguishers in the building or how to extinguish a fire with an extinguisher.</p> <p>b) Response to alarms. The facility did address how to respond if the fire alarm system was activated but did not include the response if an individual battery smoke alarm that is not connected to the fire alarm system is activated.</p> <p>Based on interview at the time of records review, the Maintenance Director looked through the plan and stated use of a fire extinguisher and response to a battery operated smoke detector was not included in the fire safety plan.</p> <p>3.1-19(b)</p> | | | | <p>our firesafety/ Ep quiz. This information and quiz will be gone over at hire and annually thereafter.</p> | | |