

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

PRINTED: 03/15/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155215		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING _____		X3) DATE SURVEY COMPLETED 02/27/2024	
NAME OF PROVIDER OR SUPPLIER PLAINFIELD HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 3700 CLARKS CREEK RD PLAINFIELD, IN 46168			
(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. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 483.73.</p> <p>Survey Date: 02/27/24</p> <p>Facility Number: 000121 Provider Number: 155215 AIM Number: 100290940</p> <p>At this Emergency Preparedness survey, Plainfield Health Care Center 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 189 certified beds. At the time of the survey, the census was 104.</p> <p>Quality Review completed on 02/29/24</p>			E 0000			
K 0000 Bldg. 01	<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: 02/27/24</p> <p>Facility Number: 000121 Provider Number: 155215 AIM Number: 100290940</p> <p>At this Life Safety Code survey, Plainfield Health</p>			K 0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or any violation of regulation.</p> <p>This provider respectfully requests that State Report Plan of Correction be considered the Letter of Credible Allegation.</p>		

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

TITLE

(X6) DATE

Mac McCallum

RDO

03/14/2024

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 0100 SS=F Bldg. 01	<p>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 two-story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 189 and had a census of 104 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>Quality Review completed on 02/29/24</p> <p>NFPA 101 General Requirements - Other General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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>Based on record review, observation, and interview, the facility failed to ensure 10 of 10 fuel fired water heaters had current inspection certificates to ensure the water heaters were in safe operating condition. NFPA 101, Section 19.1.1.3.1 requires all health facilities to be designed, constructed, maintained, and operated</p>			K 0100	<p>The provider alleges compliance as of 3-20-2024. The facility respectfully requests a desk review for this Plan of Correction relative to the low scope and severity of this survey in lieu of a post-survey revisit.</p> <p>K100 <u>General Requirements</u> – Certificate of inspection has been completed with review and update for 10 of 10 fuel fired water heaters. Current inspection certificates were purchased on</p>		03/15/2024

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K 0374 SS=E Bldg. 01	<p>to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice affects all residents, staff, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 02/27/24 at 10:36 a.m., all ten water heaters located throughout the facility had expired Certificates of Inspection documentation from the State of Indiana. All aforementioned water heather certificates had an expiration date on the inspection certificates of 02/13/2021. Based on observations made during the tour of the facility, it was noted that there were indeed a total of ten hot water heaters located throughout the facility. Based on interview at the time of the observations, the Maintenance Director stated that he was having trouble getting someone to come out and do the inspections, but that he would work on getting the water heaters inspected as soon as possible.</p> <p>This item was discussed with both the Maintenance Director and the facility Administrator during the exit conference on 02/27/24.</p> <p>3.1-19(b)</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes.</p>				<p>3.14.2024. Facility has completed onsite inspection per requirement, with Compliance date of 3.15.2024 <u>Method to Assess:</u> The director of plant operations visually inspected all (10 of 10) water heaters to ensure no other certificates were expired or out of compliance related to inspection for the entire physical plant. <u>Systematic Process:</u> The director of plant operations will continue to have an outside contractor perform bi-annual visual inspections of the facility's water heaters and or system to ensure compliance as part of the facility's life safety program. Quality Assurance Executive Director/Designee will present results of any visual inspection to the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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	<p>Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors.</p> <p>19.3.7.6, 19.3.7.8, 19.3.7.9</p> <p>Based on observation and interview, the facility failed to ensure 1 of 8 sets of smoke barrier doors would close to form a smoke resistant barrier. This deficient practice could affect as many as 26 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director on 02/27/24 during a tour of the facility at 12:50 p.m., the set of smoke barrier doors nearest to resident room #117 each swing in the same direction with the door nearest to resident room #117 being equipped with an astragal. The door set was not equipped with a door closing coordinator to ensure the door equipped with an astragal closes last and forms a smoke resistant barrier. Based on interview at the time of observation, the Maintenance Director acknowledged the aforementioned smoke barrier door set was not equipped with a door closing coordinator to ensure the door equipped with an astragal closes last and forms a smoke resistant barrier stating that he would purchase a door closing coordinator and install it as soon as possible.</p> <p>This item was discussed with both the Maintenance Director and the facility Administrator during the exit conference on 02/27/24.</p>			K 0374	<p>K374</p> <p><u>Subdivision of building spaces:</u> Director of plant operations Immediately placed an order for a solid brass panic door coordinator—Part #908950 MFG through external vendor HDSupply. Order#148247124 is expected to deliver on 3.20.2024. Compliance date 3.20.2024</p> <p><u>Method to Assess:</u> The director of plant operations will visually inspect all fire barrier doors within the facility to ensure that the doors will close to form a smoke resistant barrier. Director has inspected all doors and will continue to inspect doors daily and as necessary in order to ensure compliance is maintained. Upon delivery, coordinator will be installed to ensure compliance.</p> <p><u>Systematic Process:</u> The director of plant operations will complete Door/Audit checks daily through Facility TELS system. Quality Assurance Executive Director/Designee will present results of any visual inspection to the QAPI committee for further recommendations and will</p>		03/20/2024

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K 0511 SS=E Bldg. 01	<p>3.1-19(b)</p> <p>NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 1) Based on observation and interview, the facility failed to ensure 1 of over 100 electrical outlets were maintained in a safe operating condition. LSC 19.5.1 requires utilities 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, 2011 Edition, Article 314.28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect as many as This deficient practice could affect as many as 26 residents, 4 staff, and 2 visitors.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director on 02/27/24 during the tour of the facility at 11:23 a.m., there were three exposed wires protruding from a junction box within the facilities riser room. These three wires; one green, one white, and one black, were 110-gauge high voltage wires and the cover plate for the junction box had been removed and not replaced the last time the sprinkler system was serviced. Based on an interview at the time of the observation, the Maintenance Director stated that</p>			K 0511	<p>continue until QAPI team determines substantial compliance has been achieved.</p> <p>K511 <u>Utilities, Gas, Electric</u> – Director of plant operations immediately placed a cover plate on the box and concealed the exposed wires by means of junction box. Intervention: Plant director has audited all areas of the facility to ensure that no exposed wires are identified. The director of plant operations has locked and secured all electrical panels within the facility to ensure only authorized users have access. Compliance 2.27.2024 <u>Method to Assess:</u> The director of plant operations will visually inspect all areas of the building to ensure no other wires are outside of junction boxes throughout the entire physical plant. Director of plant operations will check all electrical panels daily to ensure security/access compliance is maintained. <u>Systematic Process:</u> The director</p>		02/27/2024

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	<p>he would find a new cover plate for the box and have it replaced as soon as possible.</p> <p>This item was discussed with both the Maintenance Director and the facility Administrator during the exit conference on 02/27/24.</p> <p>3.1-19(b)</p> <p>2) Based on observation and interview, the facility failed to ensure all electrical panels in the corridors were secured from non-authorized personnel. NFPA 70, National Electric Code, 2011 edition states energized parts of service equipment shall be enclosed as specified in 230.62(A) or guarded as specified in 230.62(B). (A) Enclosed. Energized parts shall be enclosed so that they will not be exposed to accidental contact or shall be guarded as in 230.62(B). (B) Guarded. Energized parts that are not enclosed shall be installed on a switchboard, panelboard, or control board and guarded in accordance with 110.18 and 110.27. Where energized parts are guarded as provided in 110.27(A)(1) and (A)(2), a means for locking or sealing doors providing access to energized parts shall be provided. This deficient practice could affect as many as 26 residents, 4 staff, and 2 visitors on the 500 Hall.</p> <p>Findings include:</p> <p>Based on observations made with the Maintenance Director on 02/27/24 during the tour of the facility at 11:35 a.m., the two electrical panels in the corridor nearest to resident room #510 were each not locked or secured. Based on interview at the time of each observation, the Maintenance Director agreed the aforementioned electrical panels in the corridor were not secured</p>				<p>of plant operations will complete daily audit checks within the Facility's TELS system as part of the facility's life safety program. Quality Assurance Executive Director/Designee will present results of any visual inspection to the QAPI committee for further recommendations and will continue until QAPI team determines substantial compliance has been achieved.</p>		

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	from non-authorized personnel, adding that he would have them secured immediately. This item was discussed with both the Maintenance Director and the facility Administrator during the exit conference on 02/27/24. 3.1-19(b)						