

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

PRINTED: 09/12/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155341		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 08/16/2022	
NAME OF PROVIDER OR SUPPLIER EASTGATE MANOR NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP COD 2119 E NATIONAL HWY WASHINGTON, IN 47501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (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: 08/16/22</p> <p>Facility Number: 000301 Provider Number: 155341 AIM Number: 100289090</p> <p>At this Emergency Preparedness survey, Eastgate Manor Nursing and Residential 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 62 certified beds. At the time of the survey, the census was 49.</p> <p>Quality Review completed on 08/22/22</p>			E 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 of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review.</p>		
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: 08/16/22</p> <p>Facility Number: 000301 Provider Number: 155341 AIM Number: 100289090</p> <p>At this Life Safety Code survey, Eastgate Manor</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 of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review.</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 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 0271 SS=E Bldg. 01	<p>Nursing and Residential Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in the corridors and spaces open to the corridors, plus battery operated smoke alarms in all resident sleeping rooms. The facility has a capacity of 62 and had a census of 49 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, except a detached wood framed garage used for maintenance and facility storage.</p> <p>Quality Review completed on 08/22/22</p> <p>NFPA 101 Discharge from Exits Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 Based on observation and interview, the facility failed to maintain the walking surface for 2 of 9 exit discharge areas. This deficient practice could affect at least 20 residents, as well as staff and</p>			K 0271	<p>K-271 Discharge from Exits It is the intent of the facility to ensure that all discharge exits provides a level walking surface</p>		09/02/2022

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	<p>visitors.</p> <p>Findings include:</p> <p>Based on observations on 08/16/22 between 10:30 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, the following was noted:</p> <p>a. The Back hall exit ramp near rooms 136 and 137 had two 1/2 inch level changes and a 1 1/2 inch gap between concrete slabs.</p> <p>b. The Back hall first entrance/exit near rooms 127 and 128 had one 1/2 inch level change between the concrete stoop and the asphalt.</p> <p>The level changes and gap in the concrete slabs and asphalt to the public way could be a tripping hazard while exiting from these areas in the event of an emergency. Based on interview at the time of each observation, the Maintenance Supervisor said he was aware of the level changes and gap in the concrete slabs and asphalt and was preparing to fix them.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>				<p>and free from obstructions.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>On 9/1/22 both discharge ramps were repaired by a contractor. On 8/19/22, Maintenance director was educated by the Executive Director regarding discharge exits being a level surface free of obstruction.</p> <p>How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by the alleged deficient practice. On 8/22/22, maintenance director completed an audit of discharge exist to ensure exists were free of obstructions and being of level surface. Any discharged exits of unlevel surface will be repaired by outside contractor.</p> <p>What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?</p> <p>Executive Director to provide education to maintenance director on discharge exit log that will be implemented and completed by maintenance director.</p>		

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K 0353 SS=E Bldg. 01	<p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial</p>				<p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>-Weekly rounds will be conducted by the maintenance director/designee weekly X 4 weeks, monthly thereafter for one year with results reported to the QAPI committee. -Executive Director will review monthly to ensure and monitor compliance. -If 90% threshold is not achieved, an action plan will be developed to ensure compliance.</p> <p>Completion date: 9/2/22</p>		

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	<p>automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on observation and interview, the facility failed to ensure sprinkler heads in 1 of 6 smoke compartments covered with corrosion were replaced. NFPA 25, 2011 edition, at 5.2.1.1.1 sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall). Furthermore, at 5.2.1.1.2 any sprinkler that shows signs of any of the following shall be replaced: (1) Leakage (2) Corrosion (3) Physical Damage (4) Loss of fluid in the glass bulb heat responsive element (5) Loading (6) Painting unless painted by the sprinkler manufacturer. This deficient practice could affect at least 10 resident, as well as staff and visitors within the smoke compartment.</p> <p>Findings include:</p> <p>Based on observations on 08/16/22 between 10:30 a.m. and 12:15 p.m. during a tour of the facility with the Maintenance Director, there was one sprinkler head in the Back hall Storage room covered with corrosion. Based on interview at the time of observation, the Maintenance Director agreed the sprinkler head in the Back hall Storage room was covered with corrosion and should be replaced.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p>			K 0353	<p>K-353 Sprinkler System Maintenance and Testing It is the intent of the facility to ensure that all sprinkler heads are free of corrosion or other debris. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 8/19 /22, professional contractor IEI measured the sprinkler head and placed the order to the manufacturer for replacement. On 8/19/22, maintenance director was educated by Executive Director on the inspection of the sprinkler system to be free of corrosion and debris. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? All residents in the facility have the potential to be affected by the alleged deficient practice. Maintenance director to complete an audit of all sprinkler heads in facility to ensure sprinkler heads are free of corrosion and debris. What measure will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? Maintenance director to complete</p>		09/16/2022

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			<p>sprinkler inspection log to ensure that sprinkler heads are free of corrosion and debris. IEI will inspect sprinkler system quarterly which will include sprinkler heads free of corrosion and debris, maintenance director will monitor inspection is complete.</p> <p>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?</p> <p>-Weekly rounds will be conducted by the maintenance director/designee weekly X 4 weeks, monthly thereafter for one year with results reported to the QAPI committee.</p> <p>-Executive Director will review monthly to ensure and monitor compliance.</p> <p>-If 90% threshold is not achieved, an action plan will be developed to ensure compliance.</p> <p>Completion date: 9/16/22</p>		