

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

PRINTED: 06/28/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 155419		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 06/11/2024	
NAME OF PROVIDER OR SUPPLIER HICKORY CREEK AT CRAWFORDSVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 817 N WHITLOCK AVE CRAWFORDSVILLE, IN 47933			
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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: 06/11/24</p> <p>Facility Number: 000533 Provider Number: 155419 AIM Number: 100267230</p> <p>At this Emergency Preparedness survey, Hickory Creek at Crawfordsville 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 36 certified beds. At the time of the survey, the census was 32.</p> <p>Quality Review completed on 06/12/24</p>			E 0000			
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) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power</p>						

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

TITLE

(X6) DATE

Joshua

Jackson

06/27/2024

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>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 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</p>						

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	<p>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: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. 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 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(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). This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Director on 06/11/24 between 10:15 a.m. and 2:00 p.m., no documentation was available for review to show the generator set in service was exercised at least once monthly, for a minimum of 30 minutes since 02/09/2024. Based on interview at the time of record review, the Maintenance Director stated he had been on the job for a week, checked for additional documentation for monthly generator tests, and none were available for review at the time of the survey.</p> <p>Based on review of "Emergency Generator - Visual Inspection" documentation with the Maintenance Director during record review from 10:15 a.m. to 2:00 p.m. on 06/11/24, documentation of weekly emergency generator inspections since 02/21/2024 was not available for review. Based on interview at the time of record review, the Maintenance Director stated he had been on the job for one week, has checked for more weekly generator inspections and confirmed that documentation of weekly emergency generator inspections since 02/21/2024 was not available for review.</p>			E 0041	<p>E0041</p> <p>Emergency and Standby Power Systems</p> <p>What corrective action will be accomplished for those residents found to be affected by the deficient practice?</p> <p>The facility and its Maintenance Supervisor will consistently follow and monitor its emergency power system inspection program in accordance with 42 CFR 483.73(e)(2). The inspection program will provide documentation showing the generator will be inspected once week and set in service and exercised at least once a month, for a minimum of 30 minutes.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this deficient practice. The facility will follow its emergency power system inspection program as set forth above.</p> <p>What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur?</p> <p>The Maintenance Supervisor will record the percentage of load</p>		06/28/2024

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K 0000 Bldg. 01	<p>Based on record review with the Maintenance Director on 06/11/24 from 10:15 a.m. to 2:00 p.m., documentation for monthly generator load testing for four of the last twelve months shows the generator only ran for 1 minute under load for each month. The monthly load documentation for 11/30/23 and 11/1/23 showed the generator ran 3:14 p.m. to 3:14 p.m. Monthly load documentation for 07/20/23 and 06/06/23 showed the generator ran 1:15 p.m. to 1:15 p.m. Based on an interview at the time of record review, the Maintenance Director stated he had been on the job for a week and confirmed the documentation for the aforementioned monthly generator load testing for the propane generator was not 30 minutes.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>A Life Safety Code Recertification and State Licensure was conducted by the Indiana Department of Health in accordance with 42 CFR 483.90(a).</p> <p>Survey Date: 06/11/24</p> <p>Facility Number: 000533 Provider Number: 155419 AIM Number: 100267230</p> <p>At this Life Safety Code survey, Hickory Creek at Crawfordsville 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</p>			K 0000	<p>tested on the Generator monthly in the TELS system.</p> <p>How the corrective action will be monitored to ensure the deficient practice will not recur?</p> <p>The Life Safety POC QAPI tool will be utilized by the Maintenance Supervisor / designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a 95% threshold is not achieved, an action plan will be developed to ensure compliance.</p> <p>Date of compliance: 06/28/2024</p>		

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K 0291 SS=C Bldg. 01	<p>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 II (000) construction and was fully sprinklered. The facility has a fire alarm system with hard wired smoke detection in the corridors and spaces open to the corridors. Resident rooms were equipped with battery powered smoke detectors. The facility has the capacity for 36 and had a census of 32 at the time of this survey.</p> <p>All areas within the facility where residents have customary access were sprinklered. All areas providing facility services were sprinklered except three detached buildings used for oxygen storage, maintenance, and miscellaneous equipment storage that were unsprinklered.</p> <p>Quality Review completed on 06/12/24</p> <p>NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 Based on record review, observation and interview, the facility failed to ensure 1 of 1 battery backup lights were tested monthly and annually for 90 minutes over the past year to ensure the light would provide lighting during periods of power outages, and a written record of visual inspections and tests was provided. LSC 19.2.9.1 requires emergency lighting shall be provided in accordance with Section 7.9. Section 7.9.3.1.1 (1) requires functional testing shall be conducted monthly, with a minimum of 3 weeks</p>			K 0291	<p>K 0291 Battery Back Up Lights</p> <p>What corrective action(s) will be taken for those residents found to have been affected by the deficient practice? The facility and its Maintenance Supervisor will consistently follow and monitor an emergency battery backup light testing program in</p>		06/28/2024

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	<p>and a maximum of 5 weeks between tests, for not less than 30 seconds, (3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered and (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on record review on 06/11/24 from 10:15 a.m. to 2:00 p.m. with the Maintenance Director there was no 90 minute annual Battery-Operated Emergency Light Testing within the last twelve months. Additionally, the last documented monthly 30 second testing for the emergency light at the generator was 04/23/2024. Based on an interview at the time of record review, the Maintenance Director stated he started his position last week, and confirmed there is no additional documentation available for review at the time of the survey. During a tour of the facility with the Maintenance Director on 06/11/2024, one emergency light was observed outside at the generator.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>				<p>accordance with LSC 19.2.9.1 Section 7.9. This inspection program will provide documentation showing the facility completes functional testing for the battery backup lights for a 90-minute annual test in accordance with regulation.</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 this deficient practice. The facility will follow its testing program as set forth above.</p> <p>What measures will be put into place or what systemic changes will you make to ensure that deficient practice does not recur?</p> <p>The Maintenance Supervisor will record the emergency battery backup light testing program the TELS system.</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>The Life Safety POC QAPI tool will be utilized by the Maintenance Supervisor / designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance</p>		

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K 0300 SS=C Bldg. 01	<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. Based on record review and interview the facility failed to ensure the preventative maintenance for 18 of 18 battery operated smoke alarms in resident rooms was conducted according to manufacturer's published instructions. NFPA 101 in 4.6.12.3 states existing life safety features obvious to the public, if not required by the Code, shall be maintained. NFPA 72, 29.10 Maintenance and Tests. Fire-warning equipment shall be maintained and tested in accordance with the manufacturer's published instructions and per the requirements of Chapter 14. NFPA 72, 14.2.1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this Code and conform to the equipment manufacturer's published instructions. This deficient practice could affect all residents.</p> <p>Findings include:</p> <p>Based on records review with the Maintenance Director on 06/11/23 at 12:55 p.m., the "Test Battery-Operated Smoke Detector Maintenance</p>	K 0300	<p>Improvement Committee overseen by the Executive Director. If a 95% threshold is not achieved, an action plan will be developed to ensure compliance. Date of compliance: 06/28/2024</p> <p>K 0300 Battery Operated Smoke Alarms What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? The facility and its Maintenance Supervisor will consistently follow and monitor a preventative maintenance program for 18 of 18 battery-operated smoke alarms in accordance with regulation. This maintenance program will provide documentation showing the facility completes weekly testing of battery-operated smoke alarms. How will you identify other residents having the potential to be affected by the same deficient practice and what</p>	06/28/2024	

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K 0712 SS=F Bldg. 01	<p>Log" showed monthly testing of the battery operated smoke alarms. The manufacturer's published instructions for the smoke alarms stated the alarms require weekly testing. Based on interview at the time of records review, the Maintenance Director stated he started his position last week and confirmed the alarms had been documented as being tested monthly, and agreed the alarms should be tested weekly according to manufacturer's published instructions.</p> <p>The finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected</p>				<p>corrective action will be taken? All residents have the potential to be affected by this deficient practice. The facility will follow its testing program as set forth above. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? The Maintenance Supervisor will record the results of the preventative program listed above in the TELS system. 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? The Life Safety POC QAPI tool will be utilized by the Maintenance Supervisor / designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a 95% threshold is not achieved, an action plan will be developed to ensure compliance. Date of compliance: 06/28/2024</p>		

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	<p>and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>1. Based on record review and interview, the facility failed to conduct quarterly fire drills for 3 of 4 quarters. LSC 19.7.1.6 requires drills to be conducted quarterly on each shift under varied conditions. This deficient practice affects all staff and residents.</p> <p>Findings include:</p> <p>Based on record review on 06/11/24 at 10:50 a.m., the "Direct Supply - TELS" fire drill forms with the Maintenance Director the following was noted:</p> <p>a) There was no documentation of a second shift fire drill conducted in the first quarter (January, February, and March) of 2024.</p> <p>b) There was no documentation of a first and second shift fire drill conducted in the second quarter (April, May, June) of 2024</p> <p>c) There was no documentation of a third shift fire drill conducted in the fourth quarter (October, November, and December) of 2023.</p> <p>Based on interview at the time of record review, the Maintenance Director stated he started his position last week, confirmed the missing fire drill documentation and that there is no additional documentation available for review.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>2. Based on record review and interview, the</p>			K 0712	<p>K-0712</p> <p>Quarterly Fire Drill Testing</p> <p>What corrective action will be done by the facility?</p> <p>The facility and its Maintenance Supervisor will consistently follow and monitor its fire drill program to conduct quarterly fire drills in accordance with regulation. This fire drill program will provide documentation showing the facility completes these drills in accordance with regulation. A fire drill was conducted on each shift. Drills between 6 and 9 will include verification of transmission of the fire alarm signal to the monitoring station. Staff who participated in the fire drill signed the sign in sheet for participation.</p> <p>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this deficient practice. The facility will follow its</p>		06/28/2024

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	<p>facility failed to ensure 1 of 12 fire drills included the verification of transmission of the fire alarm signal to the monitoring station in fire drills conducted between 6:00 a.m. and 9:00 p.m. for the last 4 quarters. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents in the facility as well as staff and visitors.</p> <p>Findings include:</p> <p>Based on record review of "Direct Supply - TELS" fire drill forms" with the Maintenance Director on 06/11/24 at 10:40 a.m., the third shift fire drill in the first quarter (1/11/24 at 5:05 a.m.) of 2024 did not document the transmission of signal to the monitoring station. Based on interview at the time of record review, the Maintenance Director confirmed the transmission of signal was not documented for the aforementioned fire drill.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3. Based on record review and interview, the facility failed to provide complete fire drill documentation for 2 of 12 fire drills performed during the past 12 month period. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drill reports on 06/11/24 between 10:10 a.m. and 2:00 p.m. with the Maintenance Director present, the documented fire drill reports performed on 11/29/23 at 2:05 p.m. (second shift of the fourth quarter), 07/28/23 at 12:20 p.m. (first shift of the</p>				<p>testing program as set forth above. The Maintenance director was educated on fire drills, frequency, documentation and completion of sign in sheets.</p> <p>What measures will be put into place to ensure this practice does not recur?</p> <p>ED will ensure a fire drill will be conducted each shift each quarter. Drills conducted between 6 and 9 will include verification of transmission of the fire alarm signal to the monitoring station. The Maintenance Supervisor will record the results of the fire drill program listed above in the TELS system.</p> <p>ED/designee will ensure sign in sheets are completed for staff who participated in the drill.</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>The Life Safety POC QAPI tool will be utilized by the Maintenance Supervisor / designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a 95% threshold is not achieved, an action plan will be developed to ensure compliance.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 0918 SS=F Bldg. 01	<p>third quarter) did not include a sign in sheet of the participating staff. Based on interview at the time of record review, the Maintenance Director confirmed the lack of staff sign in sheets for the previously mentioned fire drill reports.</p> <p>This finding was reviewed with the Administrator and Maintenance Director during the exit conference.</p> <p>3.1-19(b) 3.1-51(c)</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 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. 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</p>				Date of compliance: 06/28/2024		

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	<p>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>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 3 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2.4 requires spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on records review and interview with the Maintenance Director on 06/11/24 between 10:15 a.m. and 2:00 p.m., no documentation was available for review to show the generator set in service was exercised at least once monthly, for a minimum of 30 minutes since 02/09/2024. Based on interview at the time of record review, the</p>			K 0918	<p>K-0918 Written Record of Monthly Generator Load Testing</p> <p>What corrective action will be done by the facility?</p> <p>The facility and its Maintenance Supervisor will consistently follow and monitor its written record of monthly generator load testing in accordance with regulation. This record program will provide documentation showing the facility completes this load testing in accordance with regulation.</p> <p>How will the facility identify other residents having the potential to be affected by the same practice and what corrective action will be taken?</p> <p>All residents have the potential to be affected by this deficient practice. The facility will follow and monitor its written record as set forth above.</p> <p>What measures will be put into place to ensure this practice</p>		06/24/2024

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	<p>Maintenance Director stated he had been on the job for a week, checked for additional documentation for monthly generator tests, and none were available for review at the time of the survey.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the emergency generator set was maintained for 15 weeks of 52 week period in June 2023 through June 2024. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Emergency Generator - Visual Inspection" documentation with the Maintenance Director during record review from 10:15 a.m. to 2:00 p.m. on 06/11/24, documentation of weekly emergency generator inspections since 02/21/2024 was not available for review. Based on interview at the time of record review, the Maintenance Director stated he had been on the job for one week, has checked for more weekly generator inspections and confirmed that documentation of weekly emergency generator inspections since 02/21/2024 was not available for review.</p> <p>This finding was reviewed with the Administrator and Maintenance Director at the exit conference.</p> <p>3. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 4 of the last 12 months. Chapter 6.4.4.1.1.4(a) of 2012 NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in</p>				<p>does not recur?</p> <p>The Maintenance Supervisor will record the results of the written record listed above in the TELS system.</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>The Life Safety POC QAPI tool will be utilized by the Maintenance Supervisor / designee weekly x 4 weeks, monthly x 6 months, and quarterly thereafter for one year with results reported to the Quality Assurance and Performance Improvement Committee overseen by the Executive Director. If a 95% threshold is not achieved, an action plan will be developed to ensure compliance.</p> <p>Date of compliance: 06/24/2024</p>		

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	<p>accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, Chapter 8. NFPA 110 8.4.2.4 requires spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Director on 06/11/24 from 10:15 a.m. to 2:00 p.m., documentation for monthly generator load testing for four of the last twelve months shows the generator only ran for 1 minute under load for each month. The monthly load documentation for 11/30/23 and 11/1/23 showed the generator ran 3:14 p.m. to 3:14 p.m. Monthly load documentation for 07/20/23 and 06/06/23 showed the generator ran 1:15 p.m. to 1:15 p.m. Based on an interview at the time of record review, the Maintenance Director stated he had been on the job for a week and confirmed the documentation for the aforementioned monthly generator load testing for the propane generator was not 30 minutes.</p> <p>This finding was reviewed with the Administrator and the Maintenance Director at the exit conference.</p> <p>3.1-19(b)</p>						