

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

PRINTED: 03/09/2023

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  155852		X2) MULTIPLE CONSTRUCTION A. BUILDING      -- B. WING            _____		X3) DATE SURVEY COMPLETED 02/01/2023	
NAME OF PROVIDER OR SUPPLIER  HARRISON SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP COD 871 PACER DRIVE NW CORYDON, IN 47112			
(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: 02/01/23</p> <p>Facility Number: 013702 Provider Number: 155852 AIM Number: 300018569</p> <p>At this Emergency Preparedness survey, Harrison Springs Health Campus 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 58 certified beds. At the time of the survey, the census was 54..</p> <p>Quality Review completed on 02/06/23</p>			E 0000	<p>The submission of this plan of correction does not indicate an admission by Harrison Springs Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Harrison Springs Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</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: 02/01/23</p> <p>Facility Number: 013702 Provider Number: 155852</p>			K 0000	<p>The submission of this plan of correction does not indicate an admission by Harrison Springs Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Harrison Springs</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE		(X6) DATE
Lori					Hess		02/27/2023

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 0345 SS=F Bldg. 01	<p>AIM Number: 300018569</p> <p>At this Life Safety Code survey, Harrison Springs Health Campus 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 (111) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in all areas open to the corridor and in all resident sleeping rooms. The facility has a capacity of 58 and had a census of 54 at the time of this visit.</p> <p>All areas where residents have customary access were sprinklered and all areas providing storage services were sprinklered.</p> <p>Quality Review completed on 02/06/23</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, 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 Based on record review, observation and interview; the facility failed to ensure all fire alarm</p>			K 0345	<p>Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only. The facility respectfully requests from the department a desk review for substantial compliance.</p> <p>1. Contractor was contacted and arrived on site 2-9-23 to perform</p>		02/09/2023

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	<p>system initiating devices were inspected and tested in accordance with the schedules for inspection and testing frequencies in NFPA 72. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Table 14.3.1 at 9(f) states heat detectors shall be visually inspected semiannually. NFPA 72, 2010 Edition, Section 14.4.5 states testing shall be performed in accordance with the schedules in Table 14.4.5. Initial/Reacceptance testing shall be performed at the time of installation. Table 14.4.5 at 15(e) states the requirements of 14.4.5.5 shall apply to heat detectors. Section 14.4.5.5 states restorable fixed-temperature, spot-type heat detectors shall be tested in accordance with 14.4.5.5.1 through 14.4.5.5.4. Two or more detectors shall be tested on each initiating circuit annually. Different detectors shall be tested each year. NFPA 72, 2010 Edition, Table 14.4.2.2 at 14(d)(2) states fixed-temperature, nonrestorable line type heat detectors functionality shall be tested mechanically and electrically. Loop resistance shall be measured and recorded. Changes from acceptance test shall be investigated. Records shall be kept by the building owner specifying which detectors have been tested. Within 5 years, each detector shall have been tested. This deficient practice could affect all patients, staff, and visitors.</p> <p>Findings include:</p> <p>Based on review of the fire alarm system inspection contractor's "Alarm System Inspection" documentation dated 02/11/22, 05/16/22, 08/22/22 and 11/29/22 with the Director of Plant Operations (DPO) during record review from 10:15 a.m. to 12:45 p.m. on 02/01/23, heat</p>				<p>inspection and testing of all fire alarm initiation devices. Conclusion of inspection did not report any discrepancies.</p> <p>2. All occupants had the potential to be affected by the deficient practice.</p> <p>3. The Director of Plant Operations is now knowledgeable of ensuring that heat detectors are visually inspected in house semiannually. DPO will ensure that contractor inspects and tests all fire alarm system initiating devices. Education was provided by the Life Safety surveyor on 2-1-2023.</p> <p>4. As a quality measure, the Director of Operations will ensure that heat detectors are inspected in house semiannually and that the contractor will inspect all fire alarm system initiating devices when on site. Any findings will be reviewed at least quarterly and ongoing in the campus Quality Assurance Performance Improvement meetings.</p> <p>K345 – Fire Alarm System – Testing and Maintenance Compliance Date 2/1/2023 <b>Immediate Intervention</b> The Director of Plant Operations has contacted Koorsen Fire &amp; Security for repairs and re-testing of the door holders between rooms 505 &amp; 507. This work is to be completed on 2/22/2023.</p>		

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K 0914 SS=D Bldg. 01	<p>detectors were not listed as being visually inspected or tested within the most recent twelve month period. Review of the inspection contractor's "KFM Work Order: 97132" documentation dated 04/25/22 indicated "12 Heats" were in the facility but it did not state where the heat detectors were located in the facility and did not state the results of any inspection or testing. Based on interview at the time of record review, the DPO stated he was not sure if any heat detectors were located in the facility but one heat detector may be located in the Salon for which comprehensive care residents have customary access. Based on observations with the DPO and the Facility Management Support during a tour of the facility from 12:45 p.m. to 2:30 p.m. on 02/01/23, the DPO stated one heat detector was located in the Salon.</p> <p>These findings were reviewed with the Administrator in Training, the DPO and the Facility Management Support during the exit conference.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data.</p>				<p>The Director of Plant Operations was educated by the Executive Director on 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 the NFPA 70, National Electrical Code, and NFPA 72, The National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8 and NFPA 25 The Director of Plant Operations will review all inspections for deficiencies and schedule repairs as necessary.</p> <p>Results of this review will be presented by Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. This practice could effect all resident, staff, and visitors.</p>		

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	<p>Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.</p> <p>6.3.4 (NFPA 99)</p> <p>Based on record review, observation and interview; the facility failed to ensure nonhospital-grade electrical receptacles that failed annual testing in 1 of over 40 resident sleeping rooms were replaced with hospital-grade receptacles. NFPA 70, The National Electrical Code, 2011 Edition, at Article 517.18(B) states each patient bed location shall be provided with a minimum of four receptacles. They shall be permitted to be of the single, duplex, or quadruplex type, or any combination of the three. All receptacles, whether four or more, shall be listed "hospital grade" and so identified. It is not intended that there be a total, immediate replacement of existing non-hospital grade receptacles. It is intended, however, that non-hospital grade receptacles be replaced with hospital grade receptacles upon modification of use, renovation, or as existing receptacles need replacement. This deficient practice could affect two residents.</p> <p>Findings include:</p>			K 0914	<p>1 Director of Plant Operations replaced non hospitable grade receptacle with a new hospitable grade receptacle located in resident sleeping room.</p> <p>2. All occupants had the potential to be affected by the deficient practice.</p> <p>3. The Director of Plant Operations is now knowledgeable of ensuring that any non hospital grade receptacle located in a resident sleeping room that fails annual inspection must be replaced by a hospital grade receptacle. Education was provided by the Life Safety surveyor on 2-1-2023.</p> <p>4. As a quality measure, the Director of Plant Operations will ensure that non hospitable grade receptacles located in resident sleeping rooms that fail the annual</p>		02/09/2023

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	<p>Based on review of "Receptacle Testing" documentation dated 06/20/22 with the Director of Plant Operations (DPO) during record review from 10:15 a.m. to 12:45 p.m. on 02/01/23, the physical condition of the receptacle location identified as "R3" in resident sleeping Room 206 failed inspection and testing and was "Replaced with new" following the 06/20/22 annual testing and inspection. Based on interview at the time of record review, the DPO stated he replaced the receptacle following the 06/20/22 annual inspection but could not recall if the receptacle was replaced with a hospital-grade receptacle. Based on observations with the DPO and the Facility Management Support during a tour of the facility from 12:45 p.m. to 2:30 p.m. on 02/01/23, the receptacle location identified as "R3" in Room 206 was not a hospital grade receptacle. Based on interview at the time of the observations, the DPO and the Facility Management agreed the replacement receptacle was not hospital-grade.</p> <p>These findings were reviewed with the Administrator in Training, the DPO and the Facility Management Support during the exit conference.</p> <p>3.1-19(b)</p>				<p>receptacle inspection will be replaced with a hospital grade receptacle. Any findings will be reviewed at least quarterly and ongoing in the campus Quality Assurance Performance Improvement meetings.</p>		